

Rural Behavioral Health Needs Assessment

Interim Report July 2004



Alaska Native Tribal Health Consortium

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Dear Behavioral Health Stakeholders:

The Rural Behavioral Health Needs Assessment was initiated in January 2004 to conduct a statewide rural needs assessment of behavioral health services and facilities. With funding from the Alaska Mental Health Trust Authority and the direction of a multi-agency oversight team, we are pleased to provide to you the **interim** Rural Behavioral Health Needs Assessment report. This interim report provides an overall description of rural Alaska's current Behavioral Health resources, referral paths and preliminary summary reports of the adequacy of behavioral health programs and services in the rural communities.

We would like to emphasize that this is a preliminary report and welcome any comments or suggestions regarding the content of the report. We understand that the behavioral health system in rural Alaska is complex and want to ensure the final report incorporates the realities and uniqueness of behavioral health delivery in the rural setting.

The final report is expected in October 2004 and will provide the assessment of future needs and suggested changes to resource allocation, referral paths as well as facility needs. The outcome of this assessment shall help guide local, tribal, state, and federal policy makers on the selection, and prioritization of services, programs and construction projects that have the greatest possible potential for effective and significant improvement of the delivery of behavioral health services to Alaska.

Sincerely,

Rural Behavioral Health Needs Assessment Oversight Team

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INTRODUCTION

STUDY PURPOSE

Behavioral healthcare is a critical subset of the overall healthcare delivery system in Alaska. Inadequate programs, services and facilities thus limit the quality and access for people in need. Behavioral health resources such as workforce development, logistics, reimbursement, etc., must be addressed in conjunction with programs, services and facilities.

This Rural Behavioral Healthcare Needs Assessment shall address the adequacy of programs and services and facilities for all rural communities in Alaska. The goal is to document by community, regional area and State, the current and future (CY 2015) total unmet behavioral healthcare needs for resident that live in rural areas.

This interim report provides an overall description of the Alaska's current rural Behavioral Health resources, referral paths, and preliminary summary reports of the adequacy of behavioral health programs and services in the rural communities. The final report will provide the assessment of future needs and suggested changes to resource allocation and referral paths.

The Scope of Work for this job is shown in Appendix A.

STUDY PROCESS

This study is a collaborative effort between the State of Alaska - Departments of Health & Social Services and the Divisions of Behavioral Health and Public Health (DHSS) and its other divisions, the Denali Commission (Commission), Alaska Mental Health Trust and the Alaska Native Tribal Health Consortium (ANTHC). In addition to these entities, the study team includes NBBJ (health care planners and prime consultant), Eric Trupin, PhD. (behavioral health consultant) and Planning for Health (demographic analyst). Representatives from each organization are shown in Appendix B.

There have been many studies and reports related to Behavioral Health programs and services over the last few years. Using these studies and reports as a point of departure, a description of the existing rural behavioral health care system has been compiled and summarized in this report. A key tool in getting to this point was a survey tool that was distributed to providers that could speak for the types and adequacy of programs and services in the approximately 366 rural communities throughout the state. An example of the survey is provided in Appendix C.

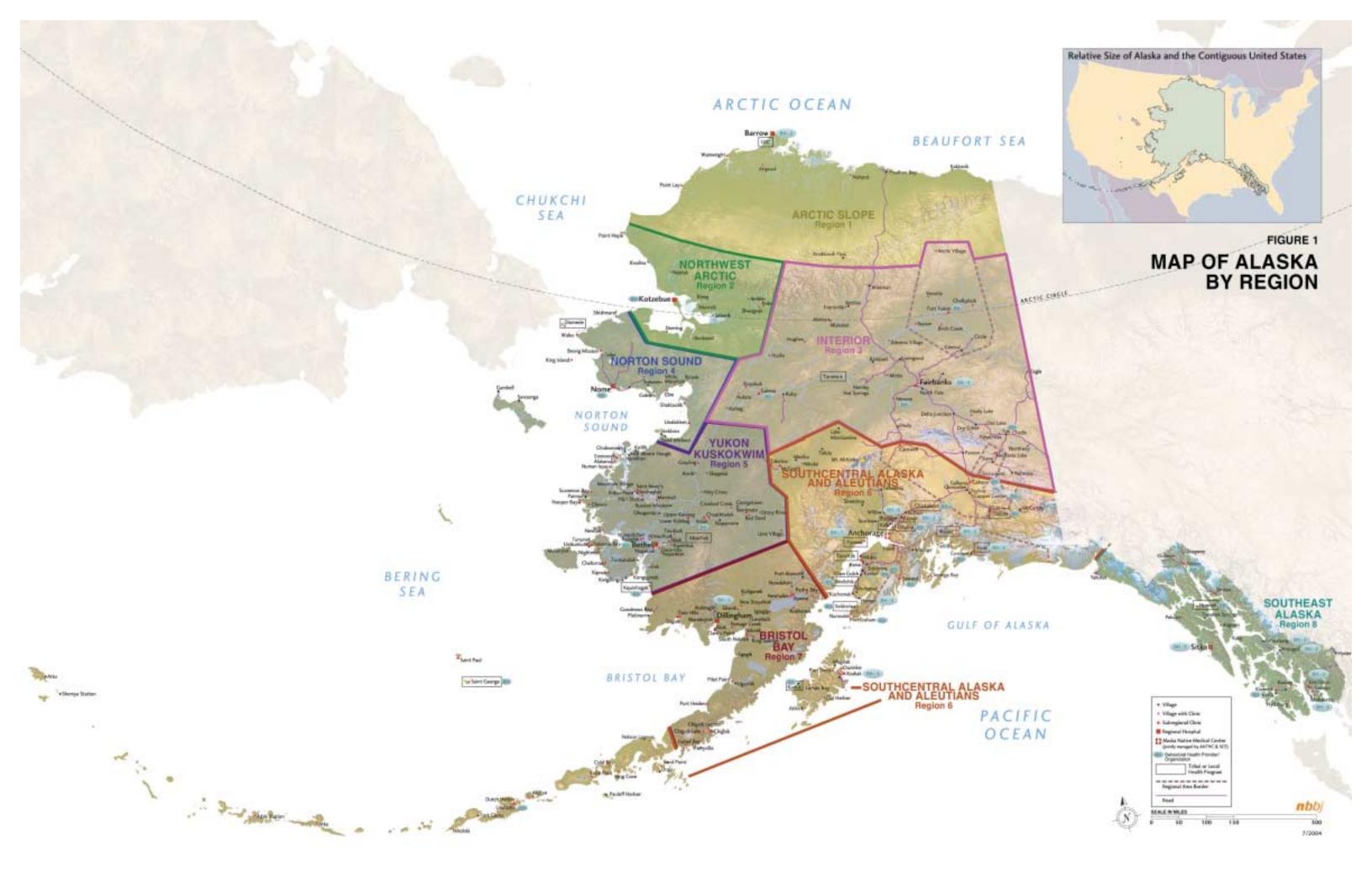
The survey response rate represented nearly 100% of the rural communities, an astonishing return rate. Those organizations and individuals that were surveyed are shown in Appendix D.

GEOGRAPHIC REGIONS

The map on the following page depicts Alaska divided into the eight geographic regions used to report findings from this study. In addition, Southcentral Alaska and Aleutians, Interior and Southeast Alaska geographic regions are further divided to sub-geographic regions because of the large area they cover, or because the populations in different areas vary in how they utilize services.

In addition to the geographic boundaries used in this study, Tribal Health Organization boundaries are shown. The 366 rural communities are indicated by the small red dots, while the large red tags show the non-rural jurisdictions (Anchorage, Fairbanks and Juneau) not included in this study. Shown also are locations for native and non-native behavioral health providers (designed by the BH bubble), native community and regional hub clinics, and hospitals.





CURRENT CONTEXT OF BEHAVIORAL HEALTH SERVICES IN ALASKA¹

THE RURAL COMMUNITIES

Remote communities in Alaska face a myriad of challenges to the implementation of an integrated, comprehensive behavioral health system of care. Alaska's expansive and varied geography creates infrastructure challenges to providing quality healthcare. There are approximately 337 communities that are only accessible by air or water travel. These isolated villages lack the population to maintain more than the most basic of healthcare services.

Approximately 58% of the Alaska Native population lives in small villages that have limited or no direct access to behavioral health services. Alaska has 20 Federally designated Health Professional Shortage Areas and 10 Medically Underserved Areas. The focus of care in rural villages has been predominately primary care services focused on physical health. Basic personal care, prevention, and health promotion services in the rural communities are often provided by Community Health Aids (CHA), who travel between villages and are strictly a part of the Native Health System. Public Health Nurses (PHN) have a role similar to the CHAs, but PHNs are employees of the State rather than part of the Native community. As PHNs travel between villages, they generally carry out a variety of roles from providing basic health care to conducting home visits for at-risk families (Primary Care and Rural Health Unit, 1998).

Mental health services in rural areas are often scarce or nonexistent. The principal method of accessing behavioral health services for rural populations has been either through an itinerant provider or by traveling to a more populated area. Many of the state-funded programs for behavioral health exist in largely populated areas, mostly out of convenience and the ability to reach the greatest number of people possible. Villages may have a single paraprofessional to address all behavioral health needs. In order to enhance the availability of behavioral health services in remote villages, efforts are underway to recruit and train Behavioral Health Aides. These are general practitioners with training in substance abuse and behavioral health fields, who are able to work with individuals with a range of disorders, and reside in the community in which they practice. Behavioral Health Aides are more likely to be familiar with local customs and thus may be better able to engage individuals in need of service than itinerant providers. Residents of villages are encouraged to be trained as service providers in their villages. This would increase the capacity for providing community-based behavioral health services in villages, reducing the need for travel to obtain treatment for behavioral health conditions (from Alaska Area Profile: Alaska Native Tribal Health Consortium). The Rural Human Services System Project similarly has aimed to increase the number of village based human service workers. Agencies employing these workers report that the number of crisis transports outside the community has been reduced. (from Alaska Area Profile: Alaska Native Tribal Health Consortium, Behavioral Health)

The Alaska Behavioral Health Board determined that "perhaps 15,000-20,000 behaviorally ill Alaskans were not served in 1997 by any program", regardless of state or tribal affiliation (Alaska Mental Health Board, 1998). Several barriers to service exist.

BARRIERS TO CARE

The lack of services in remote communities and villages necessitates travel to regional "hub" centers in order to obtain behavioral health care, which is inconvenient and costly. Furthermore, traveling long distances to obtain treatment may compromise the integrity of treatment for some disorders, since duration of treatment may be limited, and treatment is delivered in a context that is remote from the individual's environment, and may therefore be less likely to generalize. A lack of coordination often exists between service providers in rural and out-of-community areas, which create difficulties in obtaining patient information. Native Alaskans may avoid seeking treatment because of concerns of cultural

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Sources are provided in Appendix E.

insensitivity or lack of cultural awareness in providers. Behavioral health and medical practitioners may address behavioral health issues and offer treatments in ways that are inconsistent or in conflict with traditional practices and cultural perspectives.

Cost and lack of eligibility for reimbursement presents an additional barrier. Medicaid funds have been insufficient to support many rural behavioral health programs, many of which lack the administrative capacity to pursue Medicaid reimbursement (Alaska Department of Health and Social Services, 2001; American Indians/Alaska Natives and Dementia, 2002; A Shared Vision II, The Alaska Behavioral Health Strategic Plan 1999-2003).

In a survey of primary care and behavioral health care providers in Alaska (Alaska Federal Health Care Partnership), 53% rated accessibility to behavioral health services as good or excellent. However, 58% of these respondents practiced in hub communities: only 10% practiced in villages. Respondents expressed concern regarding inadequate services for seriously emotionally disturbed youth, and lack of inpatient behavioral health services (residential treatment centers), especially for children and adolescents.

There is widespread recognition of the interrelationship between problems that plague rural communities in Alaska, including substance abuse, behavioral health problems, interpersonal violence, and suicide. These problems need to be addressed in a manner that targets the social, economic, psychological, medical, and cultural factors that contribute to their development and perpetuation (Alaska Mental Health Board, 1998).

OVERVIEW: BEHAVIORAL HEALTH SERVICES NATIONALLY

NATIONAL TRENDS

Over the past 50 years, mental health services in the United States have moved from primarily psychiatric hospital settings to community settings. The population of state and private psychiatric hospitals, and average lengths of stay patients in these facilities, has dropped dramatically. This trend reflects the growing demand to treat individuals with behavioral health impairments in the least restrictive setting possible. Community-based care systems thus have an expanding role in the treatment of behavioral health impairments, and a mandate to provide services that range from the most to the least intensive in order to provide appropriate treatment to individuals whose problems range in acuity. This necessitates a continuum of services that can address the varied needs of a "whole person", including mental health, physical health, and living skills (Manderscheid & Hutchings, 2004).

The United States behavioral health system (services for individuals with mental illness and substance abuse) involves many different elements, including social welfare, general medical, housing, educational, correctional, as well as traditional community-based behavioral health service systems. The evolution of an integrated model of treatment reflects a growing recognition of the ecological context of behavioral health problems. Treatment is most effective if it addresses the range of domains (cognitive distortions, problematic social skills, family dysfunction, educational and vocational challenges, inadequate housing, etc.) that contribute to the development and perpetuation of behavioral health problems. There has been increased appreciation of the need to coordinate services so that care is provided in a complementary, efficient manner, and to provide comprehensive services to individuals with acute need for service.

Nationally, 15% of adults and 21% of children use behavioral health services in a given year. Addictive or behavioral health disorders are found in 28% of adults and 21% of children. The majority do not get treatment (Office of the Surgeon General, 1999). Traditional outpatient behavioral health services are fraught with barriers, including stigma surrounding behavioral health problems (particularly among the elderly, ethnic minority groups, and residents of rural areas), fragmentation of services – particularly between mental health and substance abuse services - cost, shortages of personnel, unavailability of services, and confusion regarding how to get care (President's New Freedom Commission on Mental Health, 2003).

THE "SYSTEMS OF CARE" APPROACH

The "Systems of Care" approach (described as the Continuum of Care in the current Alaska Needs Assessment Survey) to treating behavioral health disorders in adults and children involves a range of behavioral health and other services that are grounded in a set of core principles, as first articulated by Stroul and Friedman (1986) in their work with seriously emotionally disturbed (SED) children. These principles include a focus on the child and family, community and home-based services, and an emphasis on cultural competencies. The Systems of Care approach promotes greater organization and coordination in the delivery of behavioral health and support services. Federal funding and grants have encouraged alignment with these principles in their support of initiatives that provide for improvement, integration, and expansion of behavioral health services for children, families and adults. The Continuum of Care also focuses on the strengths of the family and views the family as partners in planning interventions, seeking to tailor the interventions to meet individual family needs and preferences and include the family in all phases of treatment.

In developing a Continuum of Care, communities are allowed flexibility in how they organize their services and programs. Infrastructure is designed to facilitate cohesiveness of the system. For example, in a developed system, interagency meetings among participants help to promote a "shared sense of goals and responsibilities", and provide a means to identify and reduce barriers in interagency collaboration.



Family representatives take part in these meetings (Center for Mental Health Services, 1998). Service delivery coordination reduces duplication of services and streamlines processes to reduce red-tape (i.e., cross-agency intake forms).

The Continuum of Care is a framework for both child and adult behavioral health services. One example is Assertive Community Treatment (ACT), an integrated, individualized approach to providing services to adults with persistent psychiatric disorders, with the objective of helping them to live more stable lives in the community. ACT involves a team of professionals which may include psychiatrists, nurses, social workers, substance abuse treatment professionals, vocational rehabilitation professionals, and/or others. As with other evidence-based, intensive intervention, low staff-to-client ratios are employed. Team members meet frequently to plan and review services for each client. Services are provided in clients' homes and communities, and may include rehabilitation of daily living skills, family counseling and education, crisis management, vocational assistance, medical care, medication management, housing assistance, counseling, and assistance with entitlements (Phillips, Burns, Edgar, Mueser, Linkins, Rosenheck, Drake and McDonel Herr, 2001).

KEY SYSTEM ELEMENTS

A community behavioral health system operating under the Systems of Care model requires the ability to target varied behavioral health problems as they develop throughout the lifespan. Essential functions of such a continuum of care include prevention, screening and assessment, outpatient treatment (including psychotherapy, case management, medication management, etc.), inpatient treatment, emergency care, family support, and transitional services. These functions take place across different types of providers. For instance, screening may take place through primary care, nursing homes, school-based behavioral health programs, outreach programs, correctional facilities, child welfare system, etc. Key elements of a system that fulfills these functions include:

School based behavioral health care: 70-80% of behavioral health services received by children are provided by schools (Burns, Costello, Angold, Tweed, Stangl, Farmer and Erkanli, 1995). Schools provide a milieu for screening and intervention with youth who might not otherwise have access to outpatient behavioral health services. School-based behavioral health programs result in decreased absences, academic failures, and disciplinary referrals (Jennings et.al, 2000). School based primary prevention programs have been demonstrated to decrease disruptive behavior and promote pro-social skill development in an ecologically valid environment (Leff et al., 2001).

Outreach: This is essential to identifying and engaging individuals who would benefit from services but would be unlikely to seek services on their own.

Primary care: Primary care is a venue for identification of behavioral health disorders. Approximately half of care for behavioral health disorders is delivered in general medical settings. Primary care physicians (PCPs) prescribe most of the psychotropic medication provided to both adults and children. Because best practices for most behavioral health disorders for which meds are prescribed include both medication and psychotherapeutic components, referrals for further assessment of disorders is necessary. Unfortunately, studies show that referrals to specialty treatment are often not completed (President's New Freedom Commission on Mental Health, 2003). PCPs need to be trained in motivational strategies and approaches that will ensure the likelihood of patients and families following through with further screening and assessment of behavioral disorders.

Outpatient services, including individual, group, and family therapy: The efficacy of treatment for a wide range of behavioral disorders (depression, anxiety, hyperactivity disorder, obsessive compulsive disorder, conduct disorder, etc.) has been demonstrated in highly controlled research settings (Office of the Surgeon General, 1999; Weisz & Jensen, 1999). Implementation of these manualized, evidence-



based approaches has rarely been done in community based settings. Incentives to community providers to utilize these procedures need to be created.

Home-Based Services: These services may include parent training or counseling. The goal is to improve family functioning and prevent out-of-home placement. Parents learn management skills in the context in which the problems occur. Additionally, home-based services remove any transportation difficulties which may be a significant barrier to treatment. These services may be provided under child welfare, juvenile justice, or behavioral health system.

Substance Abuse Treatment: This includes detoxification services as well as rehabilitation services. Individuals who have co-occurring behavioral health and substance abuse diagnoses should be treated with both disorders designated as primary targets of treatment.

Case Management: Coordination of services and supports is provided by a case manager who monitors the needs of client and family as they evolve over time, ensuring that needs across domains are being met.

Family Support Services: These services might include parent/family education and skill building, crisis services, family therapy. They may also include vocational, housing, childcare, and behavioral health services directed towards the well-being of the parent or caretaker. For both child and adult clients, respite services may be appropriate, to reduce stress on caregivers, resulting in improved outcomes for clients.

Day Treatment: This service provides structured and intensive treatment that is less restrictive than residential treatment. Day treatment may include special education, substance abuse treatment and counseling. Outcome research consists mostly of uncontrolled studies for youth with Serious Emotional Disturbance (SED), but generally indicates that day treatment results in improved outcomes in terms of behavioral and family functioning, and prevention of more restrictive placements (Office of the Surgeon General, 1999). Adult day treatment centers may target adults with Serious Behavioral Impairment, or elderly individuals.

Residential Treatment Centers/Therapeutic Group Homes: Client (child or adult) receives constant supervision, may receive individual, group, family therapy, special education, vocational training, medical services, and others. Research on outcomes of residential treatment for children is mixed. Most show improvements in academic, social, and clinical domains, but it is unclear whether these skills are generalized. This points to need for coordination with aftercare services (Office of the Surgeon General, 1999).

Therapeutic Foster Care: Specially trained foster parents provide homes where a child with SED resides. These foster families have access to a range of support services to provide appropriate care for the children residing in the home.

Supported Housing: Chronically homeless individuals with behavioral disorders are more likely to develop acute health problems, use substances, have escalating psychiatric systems, be victimized, or be incarcerated (President's New Freedom Commission on Mental Health, 2003).

Vocational Services And Income Supports: Approximately one out of three people with behavioral illness is employed. (New Freedom Commission). This employment rate is problematic in terms of lost productivity, as well as the influence of poverty on perpetuation of behavioral health problems.

Inpatient Hospitalization: An essential component of comprehensive services, inpatient hospitalization is used, optimally, for short term crisis situations in which the client is a danger to self or others.



A CONTINUUM OF CARE FOR ALASKA

THE INTENT

Given the constraints imposed by the geographic isolation and low population of Alaska's rural areas, it is unrealistic to imagine that all elements of a comprehensive system of care can be made readily available in all rural communities. As a result, services must be arranged to address the needs of individuals across the spectrum of acuity. To the extent possible, individuals with behavioral health problems should be treated in their own community, both to reduce the costs and inconvenience of treatment, and to maximize social support and the ecological validity of treatment. Furthermore, the need for intensive treatment may be attenuated by providing community-based prevention and targeted intervention to individuals at risk for developing behavioral health problems or at risk of having existing behavioral health problems escalate.

In line with the values associated with the Systems of Care approach, the Continuum of Care that serves rural Alaskans must involve an integrated spectrum of services. Given that more intensive services may need to be delivered outside of an individual's home community, effort needs to be focused on fostering open communication and collaboration between community-based facilities and extra-community based facilities. To the extent possible, an individual who has received treatment outside of his or her community should be able to transition back to his or her community with community-based support services that are integrated into the treatment plan of the extra-community system.

Prevention and targeted intervention services may be deliverable by paraprofessionals with a broad training in mental health screening and intervention. These individuals can also be instrumental in providing wraparound support to individuals and families who have obtained services outside of the community and then transition back to the community. More intensive services will likely necessitate travel. However, but providing resources to train, support, and supervise a large number of community based professionals and paraprofessionals, the number of individuals needing to travel for service may be reduced, and the aftercare that supports the transition back to the community may be fortified.

CONTINUUM OF CARE PROGRAMS AND SERVICES

The State Departments of Health & Social Services and the Divisions of Behavioral Health and Public Health (DHSS) have drafted a description of the Continuum of Care which served as a basis for key elements and community referral paths shown in this report (see Appendix F). They range from programs and services provided in the communities (least intensive) to those appropriately provided in the regional "hub" community (more intensive or needing a minimum number of clients to make a viable program) to those concentrated in the urban centers (most intensive). Working definitions of the eight major program components are shown below.

- Community Prevention/Education Community interventions and education that ward off the
 initial onset of a mental disorder or emotional or behavioral problem, including prevention of comorbidity. Community prevention/education examples include peer/consumer & client support
 services; community education; advocacy/self-help; and prevention.
- 2. **Outreach** Facilitate entry into treatment or meeting the individual within their community, job, home or school setting to engage in treatment or support services.
- Emergency Services are provided in a crisis situation during an acute episode of a mental, emotional or behavioral disorder. Emergency services are intended to reduce the symptoms of the disorder; prevent harm to the recipient or others; prevent further relapse or deterioration of the recipient's condition; or stabilize the recipient.



4. Assessment – A face-to-face, computer-assisted, or telephone interview with the person served to collect information related to his or her history and needs, preferences, strengths, and abilities in order to determine the diagnosis, appropriate services, and/or referral. The type of assessment is determined by the level of entry into services and the qualified staff delivering the service: Intake Assessment, Psychiatric Assessment, Psychological Assessment, Neuro-Psychological Testing and Evaluation.

Note: Screening differs from assessment in the following ways:

- Screening is a process for evaluating the possible presence of a particular problem
- Assessment is a process for defining the nature of that problem and developing specific treatment recommendations for addressing the problem.
- 5. Outpatient (clinic-based) Services Refers to a range of facility based behavioral health services that can include assessment, individual, family, and group therapy. These services are designed to treat mental illness, behavioral maladaption, or other problems: to remove, modify, or retard existing symptoms, attenuate or reverse disturbed patterns of behavior and promote positive personality growth and development.
- 6. Rehabilitation and Recovery Services Refers to a range of services that are available to clients who meet criteria based on levels of functioning in multiple spheres. Services can include a functional assessment, case management, individual/family/group skill development, and recipient support services. A functional assessment assists the client in identifying areas of need in developing a treatment plan. Case management services assist the recipient in accessing and coordinating needed services, such as medical, psychiatric, and behavioral health care. Skill development services help the recipient develop or improve specific self-care skills, self-direction, communication and social interaction skills necessary for successful community adjustment and interaction with persons in the recipient's home, school, work, or community environment. Recovery is a treatment philosophy that provides the framework of service delivery. A recovery model offers hope that the restoration of a meaningful life is possible and achievable.
- 7. **Medical Services -** Refers to a range of behavioral health services that are delivered by trained medical staff, and can include psychiatric assessment and pharmacological management.
- 8. **Detoxification Services** Detoxification is a process involving multiple procedures for alleviating the short-term symptoms of withdrawal from drug dependence. The immediate goals of detoxification are 1)to provide a safe withdrawal from the drug(s) of dependence and enable the client to become drug free; 2) to provide withdrawal that is humane and protects the clients dignity; and 3) prepares the client for ongoing treatment of AOD dependence.
 - <u>Social Detox</u>: This is a model of detoxification that requires no medication, and allows the client to withdraw from abused chemicals in a safe environment.
 - Outpatient Detox: The client is at minimal risk of severe withdrawal, that requires moderate levels of medication and monitoring.
 - <u>Inpatient Medical Detox</u>: This level of detoxification provides the highest level of monitoring. Placement criteria are defined by the presence of high risk factors for complicated withdrawal: high risk biomedical complications, psychiatric or behavioral complications.
- 9. Residential Services is a licensed 24 hour facility (not licensed as a hospital) which offers behavioral health services; settings ranges from structured ones, resembling psychiatric hospitals, to those that are more like group homes or halfway houses; therapeutic foster care and foster care. Respite, foster homes, emergency foster care, semi-independent living, therapeutic foster care, family teaching homes, crisis beds, board and care homes, therapeutic group homes,



- staff-secure crisis/respite group homes, residential case management specialized drug/alcohol, evaluation/treatment, nursing homes, pioneer homes, specialized vocational rehabilitation.
- 10. **Inpatient Services** Inpatient hospitalization is the most restrictive type of care in the continuum of behavioral health services; it focuses on ameliorating the risk of danger to self or others in those circumstances in which dangerous behavior is associated with mental disorder. Facility-based crisis respite, community hospitals, DET beds, Alaska Psychiatric Hospital, geriatric mental health, and assessment/treatment facility.

The graphic on the following page shows the Continuum of Care used as a working model for this report.

| KEY |
|--|
| Service to be Provided Service to be Provided at the Regional Hub or at the Urban Center |

| | | LEAST INTENSIVE | | | CONTINUU | M OF CARE | | | | MOST INTEN | ISIVE | —— |
|---|---|-------------------|--|---|--|--|---|--|--|-----------------|--|---|
| | COMMUNITY | | EMERGENCY | | | OUTPATIENT (CLINIC- | REHAR & RECOVERY | MEDICAL S | ERVICES | RESIDE SERVI | CES | |
| ALL AGE GROUPS | PREVENTION/ EDUCATION | OUTREACH | SERVICES | DETOX SERVICES | ASSESSMENT | BASED) SERVICES | SERVICES | Psych. Assess., Medical Co- morbidity | Pharma. Mgmt. | | Specialized DA, Eval/Txt Homes, Nursing, Pioneer Homes | INPATIENT SERVICES |
| PROGRAMS IN THE COMMUNITIES: All Age Groups | | | | | | | | | | | | |
| PROGRAMS IN THE HUBS FOR OUTLYING COMMUNITIES | | | | | | | | | | | | |
| | MH and DA: Advocacy/ Self- Help, Prevention/ Intervention, Community Education, and Peer/Consumer/Client Support Services | Outreach Services | MH and DA: Crisis Response, 24-Hour Telephone Screening/Assessment/ Triage, Crisis Intervention and Stabilization, and Medical Detox. The lower acuity services are appropropriate for the Communities while higher acuity services should be provided in the hub. | Social and Outpatient Detox. The lower acuity services are appropropriate for the Communities while higher acuity services should be provided in the hub. | MH and DA: Screening and Evaluation/Referral. The lower acuity services are appropropriate for the Communities while higher acuity services should be provided in the hub. | MH and DA: Face-To-Face Assessment and Triage, Treatment Planning and Counseling (Individually, Group). The lower acuity services are appropropriate for the Communities while higher acuity services should be provided in the hub. | MH and DA: Case Management, Skill Development, Day Treatment, School/Home-Based Services, Supported Living and Individualized Services are appropropriate for the Communities while higher acuity services should be provided in the hub. | Psychiatric As Pharmacological and Medical Co-N lower acuity se appropropria Communities v acuity services provided in | Management Morbidity. The ervices are te for the while higher s should be the hub. | | oster Care, ident Living, cialized Foster ly Teaching Beds, Board s, Therapeutic Staff Secure Group Homes, al Crisis Specialized cohol, ment, Nursing s Homes and Vocational . The lower rices are atte for the while higher s should be | Crisis Respite (Facility-Based), Community Hospitals, Designated Evaluation and Treatment (DET) Beds, Alaska Psychiatric Institute (API), Geriatric Mental Health and Assessment/Treatment Facility. The lower acuity services are appropropriate for the Communities while higher acuity services should be provided in the hub. |

SUMMARY OF SURVEY FINDINGS

The challenges of providing a comprehensive and well integrated continuum of behavioral health services for Alaskans living in remote and rural settings are strikingly supported by the results of this study (see the following graphic depicting Alaska's current Behavioral Health Continuum of Care followed by brief summaries of findings for each region). The residents of the 366 communities surveyed, be they children, adolescents, adults or elders, who experience behavioral health disorders are both under and inadequately served. Despite the efforts of behavioral health policy planners to address the unique geographic and cultural aspects of the Alaskan Native population from a programmatic standpoint, effective strategies for providing care both within a persons local community and at regional hubs is markedly inadequate. Many services needed by local citizens are only accessible far from their homes if at all. Individuals needing services, be they for a mental health, substance use disorder or co-occurring disorder, often are required to leave their communities as a consequence of the local behavioral health provider's inability to manage an exacerbation of their problems.

Without local access, individuals who require intensive behavioral interventions as well as a living environment consistent with their clinical need end, up residing in residential and inpatient settings in urban and hub centers without the support provided by their families and communities. Positive clinical outcomes for persons removed from their local communities to access treatment are often compromised as a function of the provider's inability to implement treatment plans within the context of the family and local community. Expanding and intensifying evidence based prevention, rehabilitation, recovery services access to medical services and shifting more intensive behavioral health services to communities will be essential in order to improve the outcomes for persons experiencing behavioral health disorders.

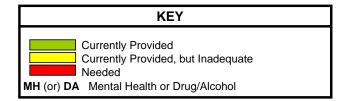
The findings provided through this survey offer an extraordinary opportunity to policy makers to overview the strengths and challenges of the current system from the perspective of behavioral care providers. Armed with current knowledge on effective and evidence based practices in behavioral health in conjunction with the creativity Alaskans have demonstrated in bringing access to citizens living in remote and rural communities, many opportunities exist to improve the system of care and making it more effective and accessible.

Next steps for this study will be to quantify the behavioral health needs for the regions and communities based on a continuum of care that places resources in locations to achieve improved outcomes and system efficiency.



Continuum of Care and Referral Paths

FIGURE 3
SURVEY SUMMARY - TOTAL



Percentages below represent the dominant response divided by the total number of CP, I or N responses

| | • | LEAST INTENSIVE CONTINUUM OF CARE | | | | | | | MOST INTENSIVE | |
|-------------|---|--|---|---|--|--|--|---|-------------------------|---|
| | COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES |
| CHILDREN | 41.0% | 52.3% | 47.7% | 77.2% | 56.2% | 45.8% | 62.5% | 35.8% | 84.3% | 91.5% |
| | | | | | | | | | | |
| ADOLESCENTS | 65.2% | 55.6% | 45.1% | 78.2% | 60.9% | 49.7% | 56.9% | 40.7% | 84.1% | 90.7% |
| | | | | | | | | | | |
| ADULTS | 38.1% | 57.0% | 45.9% | 74.4% | 62.6% | 50.8% | 58.0% | 40.9% | 84.5% | 90.3% |
| | | | | | | | | | | |
| ELDERS | 37.5% | 56.3% | 46.0% | 75.0% | 61.0% | 48.3% | 58.3% | 40.3% | 83.7% | 89.7% |
| | Community Prevention/Education services are Currently Provided, but Inadequate in most communities. | Outreach services are Currently Provided in the communities. | Emergency Services are Currently Provided in the communities. | Detox Services Needed for all age groups in the communities. Note: It is unlikely that detox services are needed for children. It's possible that those who completed the surveys did not differentiate between the age groups. | Assessment services are Currently Provided. | Outpatient Services are Currently Provided in the communities. | Rehab & Recovery Services are Needed in the communities for all age groups | Medical Services are Needed in the communities. | programs are greatly | Inpatient Services are shown as Needed in the communities. Note: respondants likely indicated that access to inpatient services is needed, rather than if an inpatient facility is needed in the community. |

2004 Rural Behavioral Health Needs Assessment

SUMMARY OF SURVEY FINDINGS

Region 1: ARCTIC SLOPE

The survey respondents indicated that most of the services for this region are currently provided by the Regional Hub in Barrow. Services that are generally received directly in the communities such as Community Prevention/Education, Emergency Services and Assessment are currently provided, but inadequate at the community level. Detox services, while provided by the Hub, are Inadequate or Needed in the communities. Outpatient Services, specifically Mental Health: Face-to-Face Assessment and Triage, were shown to be Needed while all other services in this program were Inadequate in the communities.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services, Medical Services, Residential Services and Inpatient Services, were needed by the communities and provided by the Regional Hub. The respondents expressed a need for more Residential Services (Respite, Foster Homes, Emergency Foster Care, Semi-Independent Living and Therapeutic Group Homes) at the Regional Hub.

(For more detailed response summaries, please see Figure 1-2.)

Region 2: NORTHWEST ARCTIC

The survey respondents indicated that most of the community direct services for this region are currently provided by the Regional Hub in Kotzebue. Services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Detox, Emergency Services, Assessment Services and Outpatient (Clinic-Based) Services are mostly currently provided. Most of the Drug/Alcohol services in the Community Prevention/Education program were inadequate. Social Detox is needed by both the communities and at the Regional Hub.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services, Medical Services, Residential Services and Inpatient Services, were needed by the communities and the Regional Hub. The communities and Hub showed an inadequate coverage of Foster Homes, Semi-Independent Living and Emergency Foster Care in the Residential Services program.

(For more detailed response summaries, please see Figure 2-2.)

Region 3: INTERIOR

The region of Interior is divided into two sub-geographic areas: Fort Yukon and Remaining.

1. Fort Yukon

The survey respondents indicated that most of the community direct services for this sub-geographic area are currently provided by the Sub-Regional Hub in Fort Yukon. Services that are generally received directly in the communities such as Outreach, Detox, Emergency Services, Assessment Services and Outpatient (Clinic-Based) Services are mostly currently provided. However, Community Prevention/Education services were inadequate and Mental Health: Advocacy/Self-Help services are needed. Medical and Social Detox services are needed by both the communities and at the Regional Hub. Mental Health Screening and Assessment services are inadequate in the Assessment and Outpatient programs respectively.



At the more intensive end of the Continuum spectrum: Rehab and Recovery Services, Residential Services and Inpatient Services, were needed by the communities and the Regional Hub. Pharmacological Management in the Medical Services program is currently provided, but all other Medical Services are inadequate for the communities and Sub-Regional Hub.

2. Remaining Interior

Survey responses for the Remaining sub-geographic area of the Interior mirrored the Fort Yukon scenario.

(For more detailed response summaries, please see Figures 3-2 and 3-3.)

Region 4: NORTON SOUND

The survey respondents indicated that most of the services for this region are currently provided by the Regional Hub in Nome. Services that are generally received directly in the communities such as Community Prevention/Education, Emergency Services, Outpatient (Clinic-Based) Services are currently provided, but inadequate in the communities. Outreach services were inadequate in both the communities and Regional Hub. Detox services were needed by both the communities and Regional Hub.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services, Residential Services and Inpatient Services, were needed by the communities and the Regional Hub. Medical Services are provided at the Regional Hub, but inadequate or needed in the communities.

(For more detailed response summaries, please see Figure 4-2.)

Region 5: YUKON KUSKOKWIM

The survey respondents indicated that most of the services for this region are currently provided by the communities and at the Regional Hub in Bethel. Detox Services (and Medical Detox in the Emergency Services program) are needed in the communities and at the Regional Hub.

At the more intensive end of the Continuum spectrum: Drug and Alcohol services were needed in the Rehab and Recovery Services program. All Medical Services were inadequate at the Regional Hub while Pharmacological Management was provided by the communities. The other Medical Services were needed by the communities. In Residential Services, Foster Homes, Emergency Foster Care and Crisis Beds were provided by both the communities and Regional Hub with additional services of Respite and Residential Crisis Management also being covered by the Regional Hub. All other Residential Services are needed by the communities and at the Regional Hub. Inpatient Services such as Crisis Respite, Community Hospitals and DET Beds are currently provided by the Regional Hub, but all other Inpatient Services are inadequate. All Inpatient Services were shown to be needed by the communities.

(For more detailed response summaries, please see Figure 5-2.)



Region 6: SOUTHCENTRAL ALASKA AND ALEUTIANS

The region of Southcentral Alaska and Aleutians is divided into nine sub-geographic areas: Aleutians, Pribilof, Kodiak, Kenai, Anchorage Bowl, Chugach/Prince William Sound, Palmer/Wasilla/Talkeetna, McGrath and Glennallen.

1. Aleutians

The survey respondents indicated that almost all of the services for this sub-geographic area are currently provided by the communities and at the Sub-Regional Hub in King Cove. (Survey responses for Outreach services were left blank.)

At the more intensive end of the Continuum spectrum: Mental Health/Drug and Alcohol: Supported Living services were needed in the Rehab and Recovery Services program. All Medical Services were provided by the communities and at the Regional Hub. In Residential Services, Respite and Emergency Foster Care services are needed at the Regional Hub. Only Specialized Vocational Rehab is provided by the communities and at the Regional Hub. (Survey responses for all other Residential Services and Inpatient Services were left blank.)

(For more detailed response summaries, please see Figure 6-2.)

2. Pribilof

The survey respondents indicated that most of the services for this sub-geographic area are currently provided by the Sub-Regional Hub in Unalaska. Services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Emergency Services and Assessment are mostly needed at the community level and provided at the Sub-Regional Hub. Detox Services is needed in the communities.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services, Medical Services, Residential Services and Inpatient Services, were needed by the communities and mostly provided by the Regional Hub. The respondents expressed a need for more Residential Services (Respite, Foster Homes, and Emergency Foster Care) in the communities. Foster Homes and Emergency Foster Care are provided at the Sub-Regional Hub. (Survey responses for all other Residential Services and Inpatient Services were left blank.)

(For more detailed response summaries, please see Figure 6-3.)

3. Kodiak

The survey respondents indicated that most of the services for this sub-geographic area are currently provided by the Sub-Regional Hub in Kodiak. Services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Emergency Services and Assessment are mostly needed at the community level and provided at the Sub-Regional Hub. Detox Services and Medical Detox (Emergency Services) is needed in the communities. Mental Health services (in both Assessment and Outpatient Services) are adequate in the communities, but provided at the Sub-Regional Hub.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services, Medical Services, Residential Services and Inpatient Services, are mostly provided by the Sub-Regional Hub. (Survey responses for Medical Services, Residential Services and Inpatient Services other than Community Hospitals at the Sub-Regional Hub level were left blank.)

(For more detailed response summaries, please see Figure 6-4.)



4. Kenai

The survey respondents indicated that most of the services for this sub-geographic area are currently provided by the Sub-Regional Hub in Kenai. Services that are generally received directly in the communities such as Community Prevention/Education, Outreach and Assessment are mostly provided in the communities and at the Sub-Regional Hub. Detox Services are needed in the communities and at the Sub-Regional Hub. Many of the Emergency Services are inadequate in the communities and at the Sub-Regional Hub. Outpatient Services (Drug and Alcohol) are needed in the communities while mostly provided at the Sub-Regional Hub.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services (Mental Health: Day Treatment, School/Home-Based Services and Drug/Alcohol: Supported Living) are all needed at the Sub-Regional Hub. Many of the Rehab and Recovery Services were reported as needed in the communities. Medical Services are mostly provided in the communities and at the Sub-Regional Hub with Medical Co-morbidity services showing to be inadequate at the Sub-Regional Hub level. Most Residential Services and all Inpatient Services are needed in the communities and at the Sub-Regional Hub. Residential Services (Respite, Foster Home, Emergency Foster Care and Family Teaching Homes) are provided at the Sub-Regional Hub.

(For more detailed response summaries, please see Figure 6-5.)

5. Anchorage Bowl

Surveys were not sent to this sub-geographic area as it is considered an "urban" community and not included in this study.

6. Chugach/Prince William Sound

The survey respondents indicated that most of the services for this sub-geographic area are currently provided in the communities and at the Sub-Regional Hub in Cordova, but inadequate in the Sub-Regional Hub in Valdez. Services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Emergency Services, Assessment and Outpatient Services are mostly provided in the communities and at the Sub-Regional Hub in Cordova, but inadequate in Valdez. Detox Services are needed in the communities and at the Sub-Regional Hub in Cordova.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services and Medical Services are provided in the communities and at the Sub-Regional Hub in Cordova. Medical Services are mostly provided in the Sub-Regional Hub in Valdez also. Residential Services (Nursing Homes, Foster Homes and Emergency Foster Care) are provided at the Sub-Regional Hub in Cordova. Many of the remaining Residential Services are needed in Cordova as well. Inpatient Services (Community Hospitals and Geriatric Mental Health) are provided at the Sub-Regional Hub in Cordova, but Assessment/Treatment Facility services are needed. Crisis Respite services are inadequate at the Sub-Regional Hub in Valdez, but all other Inpatient Services are provided. (Survey responses for Residential Services at the Sub-Regional Hub in Valdez were recorded as "?".)

(For more detailed response summaries, please see Figure 6-6.)



7. Palmer/Wasilla/Talkeetna

Services that are generally received directly in the communities such as Community Prevention/Education, Emergency Services, Assessment and Outpatient Services are mostly provided, but inadequate in the communities and at the Sub-Regional Hubs in Palmer and Wasilla. Emergency Services (Drug/Alcohol: 24-Hour Telephone Screening and Crisis Intervention) are needed in the communities and at both Sub-Regional Hubs. Detox Services and Emergency Services (Medical Detox) are needed in the communities and at both Sub-Regional Hubs. (Survey responses were left blank for Assessment services, and most of Outpatient Services and Rehab and Recovery Services.)

At the more intensive end of the Continuum spectrum: Most Rehab and Recovery Services were reported as inadequate in the communities and at both Sub-Regional Hubs. Medical Services (Medical Co-morbidity) is needed at all levels. Residential Services (Respite, Foster Care, Emergency Foster Care and Semi-Independent Living) are inadequate while all other Residential Services are needed at all levels. Inpatient Services (Community Hospitals) are provided, but DET Beds and Geriatric Mental Health services are needed in the communities and at both Sub-Regional Hubs.

(For more detailed response summaries, please see Figure 6-7.)

8. McGrath

Services that are generally received directly in the communities such as Community Prevention/Education, Outreach and Emergency Services are needed in the communities and provided, but inadequate at the Sub-Regional Hub in McGrath. Detox Services are needed in the communities and at the Sub-Regional Hub. Assessment and Outpatient Services are needed in the communities and mostly provided at the Sub-Regional Hub.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services (Drug/Alcohol: Skill Development and Day Treatment) are needed in the communities. (Survey responses were left blank for all other Rehab and Recovery Services, all Medical Services, Residential Services and Inpatient Services in the communities.) While Mental Health: Skill Development services are currently provided, School/Home-Based Services and Supported Living are needed at the Sub-Regional Hub. All other Rehab and Recovery Services are inadequate at the Sub-Regional Hub. Medical Services are mostly provided in the communities and at the Sub-Regional Hub. Residential Services (Evaluation/Treatment and Nursing Homes) are provided, but Family Teaching Homes and Respite Group Homes are needed at the Sub-Regional Hub. All Inpatient Services are needed at the Sub-Regional Hub.

(For more detailed response summaries, please see Figure 6-8.)

9. Glennallen

The survey respondent(s) indicated that almost all of the services for this sub-geographic area are currently provided by the Regional Hub. (Name of Hub was not given.) Residential Services (Respite, Foster Home, Emergency Foster Care, Semi-Independent Living, Residential Crisis Mgmt. and Specialized Drug/Alcohol) are provided at the Hub. (Survey responses were left blank for all other Residential Services and Inpatient Services.)

(For more detailed response summaries, please see Figure 6-9.)



Region 7: BRISTOL BAY

The survey respondents indicated that most of the services for this region are currently provided by the Regional Hub in Dillingham. Services that are generally received directly in the communities such as Community Prevention/Education, Emergency Services and Assessment are needed at the community level. (Assessment services were shown to be inadequate.) Outreach services were needed in the communities and inadequate at the Regional Hub. (These same services were needed for Children at the Regional Hub.) Detox services are needed in the communities and at the Regional Hub. Outpatient Services are provided at the Regional Hub. All services in this program, except Drug/Alcohol Counseling, are needed in the communities. (DA: Counseling services are inadequate.)

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services, Medical Services, Residential Services and Inpatient Services, were inadequate or needed by the communities and at the Regional Hub. The respondents expressed a need for more Residential Services (Family Teaching Homes, Therapeutic Group Homes, Respite Group Homes and Nursing Homes) at the Regional Hub. No responses were given for Inpatient Services.

(For more detailed response summaries, please see Figure 7-2.)

Region 8: SOUTHEAST ALASKA

The region of Southeast Alaska is divided into six sub-geographic areas: Ketchikan, Metlakatla, Wrangell/Petersburg, Sitka, Prince of Wales, Haines/Skagway/Yakutat.

1. Ketchikan

Services that are generally received directly in the communities such as Community Prevention/Education, Emergency Services, Assessment and Outpatient Services are mostly provided by the Sub-Regional Hub in Ketchikan. Community Prevention/Education (Community Education for Mental Health and Drug/Alcohol, Drug/Alcohol: Peer/Consumer Services and many of the Mental Health services) are still needed. Detox Services and Emergency Services (Medical Detox) are needed in the communities and at the Sub-Regional Hub.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services (Drug/Alcohol: Supported Living, and Mental Health/Drug/Alcohol: Day Treatment and School/Home-Based Services) are needed. Medical Services (Medical Co-morbidity), most Residential Services and Inpatient Services are needed at the Sub-Regional Hub. Inpatient Services (Community Hospitals) are provided.

(For more detailed response summaries, please see Figure 8-2.)

2. Metlakatla.

The survey respondent indicated that services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Emergency Services, Assessment and Outpatient Services are mostly provided for the community at the Sub-Regional Hub. (The Sub-Regional Hub was not provided by the respondent.) Assessment and Outpatient Services are primarily provided for Adults and Elders. Detox Services (Social Detox) are needed in the community and provided at the Sub-Regional Hub. Medical Detox services are inadequate in the communities. Outpatient services are provided in the Kake community only.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services (MH/DA: Supported Living and DA: School/Home-Based Services) are needed in this community. MH: Case Management and Skill Development services for Adults, and DA: Case Management (Adolescents)



and Skill Development are currently provided at the Sub-Regional Hub. DA: School/Home-Based Services and Case Management for Adults/Elders and Individualized Services are inadequate at the Sub-Regional Hub. Medical Services (Psychological Assessment) are needed for this community. All Medical Services for Adolescents, Adults and Elders are provided at the Sub-Regional Hub. Residential Services (Therapeutic Group Homes, Semi-Independent Living and Specialized Drug/Alcohol) are needed for this community. Respite, Foster Homes Services are provided at the Sub-Regional Hub. Therapeutic Group Homes, Respite Group Homes, Residential Crisis Management and Evaluation/Treatment Services are inadequate at the Sub-Regional Hub. Inpatient Services (Crisis Respite, Assessment/ Treatment) are inadequate for this community. DET Beds and Geriatric Mental Health Services are needed. Community Hospitals and Assessment/ Treatment Services for Children are provided at the Sub-Regional Hub, but Crisis Respite, Assessment/Treatment Services for Adults and Elders and DET Beds are inadequate.

(For more detailed response summaries, please see Figure 8-3.)

3. Wrangell/Petersburg.

The survey respondents indicated that services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Emergency Services, Assessment and Outpatient Services are mostly provided in the communities and at the Sub-Regional Hubs in Wrangell and Petersburg. Detox Services are needed in the communities and provided at the Sub-Regional Hub in Petersburg. Medical Detox services are inadequate in the communities. Outpatient services are provided in the Kake community only.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services (Drug/Alcohol: Supported Living and School/Home-Based Services) are needed (Mental Health: Supported Living and School/Home-Based Services) are inadequate in the communities. Mental Health and Drug/Alcohol: Day Treatment services are needed at the Sub-Regional Hub in Wrangell. All Rehab and Recovery Services are provided at the Sub-Regional Hub in Petersburg. Most Medical Services are provided in the communities and at the Sub-Regional Hub in Wrangell. (Survey responses were left blank for Medical, Residential and Inpatient Services at the Sub-Regional Hub in Petersburg.) Many Residential Services are needed in the communities and at the Sub-Regional Hub in Wrangell. Inpatient Services (Crisis Respite and DET Beds) are needed in the communities. (Survey responses were left blank for Inpatient Services at the Sub-Regional Hub in Wrangell.)

(For more detailed response summaries, please see Figure 8-3.)

4. Sitka

Services that are generally received directly in the communities such as Community Prevention/Education, Emergency Services, Assessment and Outpatient Services are mostly provided by the Sub-Regional Hub in Sitka. Emergency Services (Drug/Alcohol: 24-Hour Telephone Screening) are still needed. Detox Services and Emergency Services (Medical Detox) are needed in the communities and at the Sub-Regional Hub.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services (Drug/Alcohol: Supported Living, and Mental Health/Drug/Alcohol: Day Treatment) are needed. Medical Services, most Residential Services and Inpatient Services are provided at the Sub-Regional Hub. Residential Services (Respite, Evaluation/Referral, Foster Homes and Emergency Foster Care) are needed at this Sub-Regional Hub.

(For more detailed response summaries, please see Figure 8-4.)



5. Prince of Wales

The survey respondents indicated that most services for this sub-geographic area are currently provided by the Sub-Regional Hubs in Hydaburg and Klawock. Services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Emergency Services, Assessment and Outpatient (Clinic-Based) Services are provided by the Sub-Regional Hubs. (Survey responses were left blank for the communities in this sub-geographic area. Responses for Detox Services, Medical Services and Inpatient Services were left blank for the communities and Sub-Regional Hubs.)

At the more intensive end of the Continuum spectrum: Many Rehab and Recovery Services are provided by the Sub-Regional Hubs. Residential Services (Specialized Drug/Alcohol) are provided by the Sub-Regional Hubs. All other Rehab and Recovery Services and Residential Services responses were left blank.

(For more detailed response summaries, please see Figure 8-5.)

6. Haines/Skagway/Yakutat

The survey respondents indicated that most of the services for this region are currently provided in the communities and mostly at the Sub-Regional Hub in Haines. Services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Emergency Services, Assessment and Outpatient Services are currently provided at the community level. Some of these community-based programs are inadequate at the Sub-Regional Hub. Detox Services and Emergency (Medical Detox), while provided by the Sub-Regional Hub, are inadequate or needed.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services are mostly inadequate in the communities and at the Sub-Regional Hub. Medical Services (Psychological Assessment) are provided while Pharmacological Management and Medical Co-morbidity services are inadequate in the communities. All Medical Services and most Residential Services are needed at the Sub-Regional Hub. Most Residential Services are also needed in the communities. Inpatient Services are needed in the communities. (Survey responses were left blank for Inpatient Services at the Sub-Regional Hub.)

(For more detailed response summaries, please see Figure 8-6.)



REGION 1: ARCTIC SLOPE

REGION DESCRIPTION

The Arctic Slope region contains the North Slope Borough which stretches across the northern coast of Alaska. Barrow, the northernmost city in the United States, is the commercial hub. Oil industry development in Prudhoe Bay contrasts with the subsistence lifestyle of Inupiat Eskimos in the villages. There are six communities in this region. Access to the Arctic Slope is by air.

Please see the following page for the map detailing the Arctic Slope region.

Table 1 – 1 COMMUNITIES

| Sub-Geographic Area | Regional Hub | Communities |
|---------------------|-----------------|------------------------------|
| Arctic Slope | Barrow | Atqasuk |
| | | Kaktovik |
| | | Nuiqsut |
| | | Point Lay |
| | | Wainwright |

POPULATION

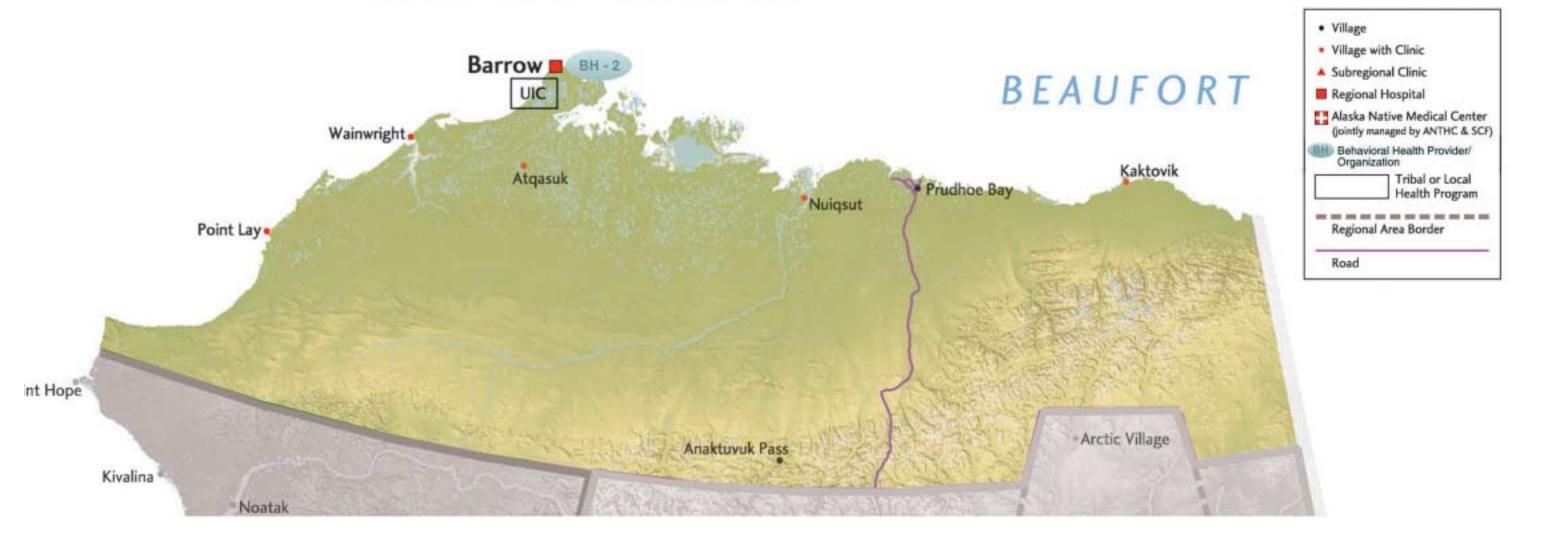
The majority of residents in this region are Alaska Natives. Growth rates to 2015 are relatively modest indicative of the migration to the more urban areas.

Table 1 – 2
POPULATION SUMMARY
(By Age)

| | 2 | 2000 Population | on | 20 | 015 Populat | ion |
|------------|--------------------------------------|------------------|--------------------------------|--------------------------------------|------------------|--------------------------------|
| Age Cohort | Total (Native/ Non- Native) | Alaska Native | Alaska Native % of Total | Total (Native/ Non- Native) | Alaska Native | Alaska Native % of Total |
| 0-9 | 1,276 | 1,008 | 79% | 827 | 641 | 77% |
| 10 - 17 | 1,112 | 989 | 89% | 857 | 656 | 76% |
| 18 – 24 | 582 | 427 | 73% | 738 | 617 | 84% |
| 25 -54 | 2,738 | 1,645 | 60% | 2,895 | 2,058 | 71% |
| 55 – 65 | 383 | 227 | 59% | 896 | 510 | 57% |
| 65 + | <u>255</u> | <u>220</u> | <u>86%</u> | <u>631</u> | <u>365</u> | <u>58%</u> |
| Total | 6,346 | 4,516 | 71% | 6,843 | 4,847 | 71% |
| % change | | | | 7.8% | 7.3% | |

FIGURE 1-1 ARCTIC SLOPE

ARCTIC OCEAN



BEHAVIORAL HEALTH PROVIDERS

The Arctic Slope is fairly well represented by behavioral health providers who offer a range of services.

Table 1 – 3 SURVEY RESPONDENTS/BEHAVIORAL HEALTH PROVIDERS

| | | | | 4) | Staff | | | |
|--|--|---|----------|----------------------|-------|--------------|------------------|----------|
| Behavioral Health Provider | Program (State of Alaska Classification) | Organization | Location | Native or Non-Native | Admin | Professional | Paraprofessional | Clerical |
| North Slope Borough Community Mental Health | Mental Health Rehabilitation and | North Class Baranah | Dames | N | 4 | 47 | 00 | _ |
| Center | Treatment Mental Health | North Slope Borough | Barrow | | 1 | 17 | 20 | 5 |
| Arctic Slope Native Association (ASNA) | Rehabilitation and Treatment | Arctic Slope Native Association (ASNA) | Barrow | N | | | | |
| TOTALS | · | · | | • | 1 | 17 | 20 | 5 |

Behavioral Health Providers Responding to 2004 Needs Assessment Survey

SURVEY SUMMARY

The survey respondents indicated that most of the services for this region are currently provided by the Regional Hub in Barrow. Services that are generally received directly in the communities such as Community Prevention/Education, Emergency Services and Assessment are currently provided, but inadequate at the community level. Detox services, while provided by the Hub, are Inadequate or Needed in the communities. Outpatient Services, specifically Mental Health: Face-to-Face Assessment and Triage, were shown to be Needed while all other services in this program were Inadequate in the communities.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services, Medical Services, Residential Services and Inpatient Services, were needed by the communities and provided by the Regional Hub. The respondents expressed a need for more Residential Services (Respite, Foster Homes, Emergency Foster Care, Semi-Independent Living and Therapeutic Group Homes) at the Regional Hub.

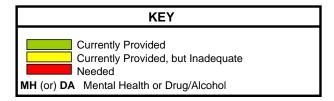
(For more detailed response summaries, please see Figure 1-2.)



Continuum of Care and Referral Paths

FIGURE 1-2
ARCTIC SLOPE

No. of Communities: 7



IN MOST COMMUNITIES

REGIONAL HUB [Barrow]

| | LEAST INTENSIVE | | | CONTINUU | M OF CARE | | | MOST INTENSIVE | ─ | |
|---|-----------------|--|--|---|--|--|--|---|---|--|
| COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES | |
| | | | Social Detox Outpatient Detox | | All Other Services MH: Face-to-Face Assess | MH and DA: Case MH/DA: Skill Develop, Day School/Home-Based Svcs., Individ. Svcs. Supported Living | Needed for Kaktovik, Nuigsut and Prudho Bay only | Emergency Foster Homes All Other Services | Needed for Kaktovik, Nuigsut and Prudho Bay only | |
| | | | | | | | | | | |
| | No Response | | | | | CP - All Other Services I - MH and DA: School/Horne- Based Services, DA: Supported Living N - MH: Supported Living | | Respite, Foster Homes, Emergency All Other Services Foster Care, Semi- Independent Living Therapeutic | Crisis Respite, Community Hospitals No Response for all other services | |
| Community Prevention/Education services are Currently Provided, but Inadequate in the communities. All services are Currently Provided at the Regional Hub. | | Emergency Services are Currently Provided, but Inadequate in the communities. All services are Currently Provided at the Regional Hub. | Detox Services (Social Detox) are Currently Provided, but Inadequate and Outpatient Detox is Needed in the communities. All services are Currently Provided at the Regional Hub. | Assessment services are Currently Provided, but Inadequate in the communities. All services are Currently Provided at the Regional Hub. | all other services are Currently Provided, but Inadequate in the communities. All Outpatient (Clinic-Based) Services are Currently Provided at the Regional Hub. | and Individualized Services) are Currently Provided, but Inadequate in the communities. All other services are Needed by the | Medical Services are Currently Provided at the Regional Hub. | (Emergency Foster Homes) are Currently Provided, but Inadequate and all other Residential Services are Needed by the communities. Respite, Foster Homes, Emergency Foster Care, | Inpatient Services are Needed for the Kaktovik, Nuiqsut and Prudhoe Bay communities. Crisis Respite and Community Hospitals are Currently Provided at the Regional Hub. (Surveys were left blank for all other Inpatient Services at the Regional Hub.) | |

2004 Rural Behavioral Health Needs Assessment

REGION 2: NORTHWEST ARCTIC

REGION DESCRIPTION

The Northwest Arctic region includes the Northwest Arctic Borough and is located on the north shore of the Seward Peninsula. This area is the second largest borough in Alaska in landmass. Kotzebue is the commercial hub of the region. Communities include Noorvik, Selawik, Ambler, and Kivalina. Most village residents are Inupiat Eskimos with a subsistence lifestyle. Access to the communities in this area is primarily by air or boat. There are 14 communities in this region.

Please see the following page for the map detailing the Northwest Arctic region.

Table 2 – 1 COMMUNITIES

| Sub-Geographic Area | Regional Hub | Communities | |
|---------------------|-----------------|---|---|
| Northwest Arctic | Kotzebue | AmblerBuckland | NoatakNoorvik |
| | | DeeringKiana | Point HopeRed Dog Mine |
| | | Kivalina | Selawik |
| | | Kobuk | Shungnak |

POPULATION

The majority of the residents of this area are Alaska Natives. Growth of total population is much higher than growth of the Native population suggesting migration to the urban areas.

Table 2 - 2
POPULATION SUMMARY
(By Age)

| | 200 | 0 Populatio | n | 2015 Population | | | |
|------------|--------------------------------------|------------------|-----------------------------------|--------------------------------------|------------------|--------------------------------|--|
| Age Cohort | Total (Native/ Non- Native) | Alaska Native | Alaska Native % of Total | Total (Native/ Non- Native) | Alaska Native | Alaska Native % of Total | |
| 0-9 | 1,759 | 1,654 | 94% | 1,243 | 942 | 76% | |
| 10 - 17 | 1,553 | 1,463 | 94% | 1,258 | 1,111 | 88% | |
| 18 – 24 | 806 | 771 | 96% | 1,165 | 1,100 | 94% | |
| 25 -54 | 3,047 | 2,344 | 77% | 4,258 | 3,449 | 81% | |
| 55 – 65 | 402 | 295 | 73% | 955 | 672 | 70% | |
| 65 + | <u>398</u> | <u>369</u> | <u>93%</u> | <u>748</u> | <u>522</u> | <u>70%</u> | |
| Total | 7,965 | 6,895 | 86% | 9,627 | 7,795 | 81% | |
| % change | | | | 20% | 13% | | |

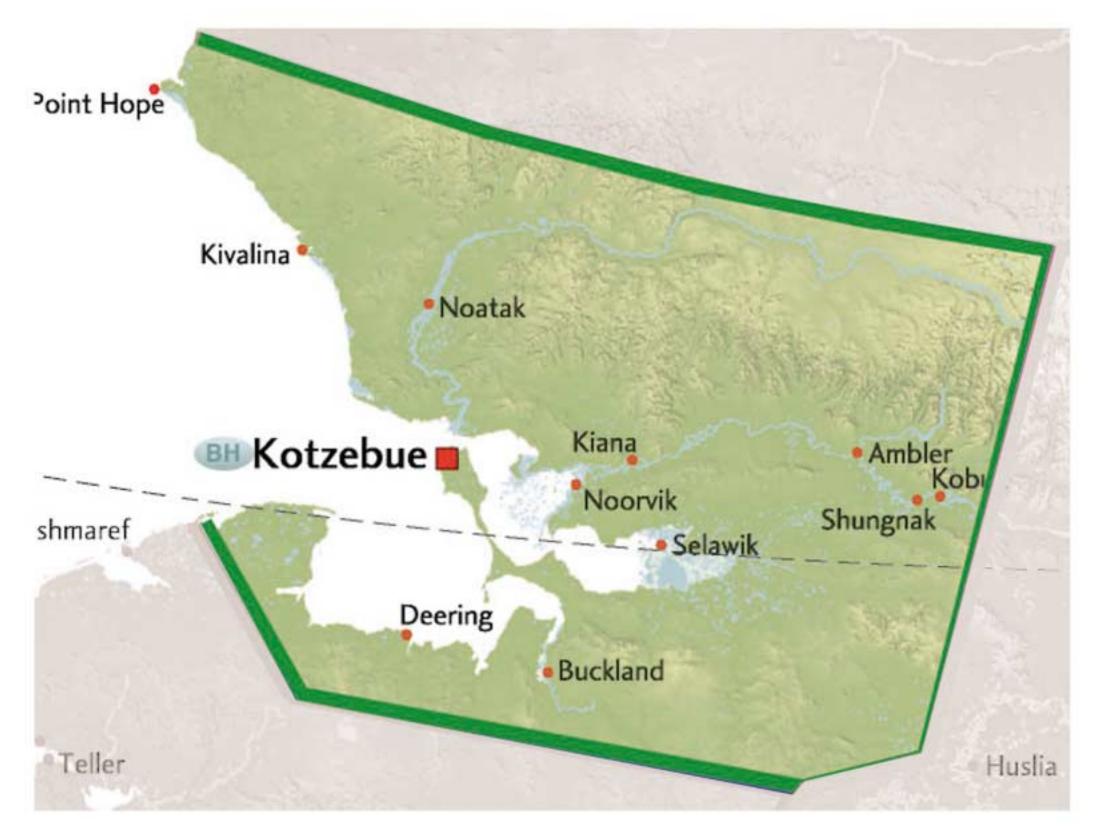


FIGURE 2-1 NORTHWEST ARCTIC



BEHAVIORAL HEALTH PROVIDERS

Table 2 – 3 SURVEY RESPONDENTS/BEHAVIORAL HEALTH PROVIDERS

| | | | | 4) | | aff | | |
|---------------------------------|--|----------------------|----------|----------------------|-------|--------------|------------------|----------|
| Behavioral Health Provider | Program (State of Alaska Classification) | Organization | Location | Native or Non-Native | Admin | Professional | Paraprofessional | Clerical |
| Maniillaq Association - | Mental Health | | | | | | | |
| General Community Mental | Rehabilitation and | | | N | | | | |
| Health | Treatment | Maniilaq Association | Kotzebue | | 1 | 7 | 1 | 1 |
| TOTALS | | | | | 1 | 7 | 1 | 1 |

Behavioral Health Providers Responding to 2004 Needs Assessment Survey

SURVEY SUMMARY

The survey respondents indicated that most of the community direct services for this region are currently provided by the Regional Hub in Kotzebue. Services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Detox, Emergency Services, Assessment Services and Outpatient (Clinic-Based) Services are mostly currently provided. Most of the Drug/Alcohol services in the Community Prevention/Education program were inadequate. Social Detox is needed by both the communities and at the Regional Hub.

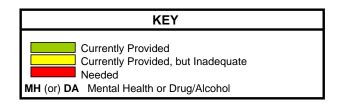
At the more intensive end of the Continuum spectrum: Rehab and Recovery Services, Medical Services, Residential Services and Inpatient Services, were needed by the communities and the Regional Hub. The communities and Hub showed an inadequate coverage of Foster Homes, Semi-Independent Living and Emergency Foster Care in the Residential Services program.

(For more detailed response summaries, please see Figure 2-2.)

Continuum of Care and Referral Paths

FIGURE 2-2 NORTHWEST ARCTIC

No. of Communities: 13





IN MOST COMMUNITIES

REGIONAL HUB [Kotzebue]

| | LEAST INTENSIVE | | CONTINUUM OF CARE MOST INTENSIVE | | | | | | | | |
|--|--|---|--|---|---|--|---|--|--|--|--|
| COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES | | |
| DA: Comm Ed., Peer/Consumer and Prevent/Interv. All Other Services | | All Other Services MH and DA: Crisis Response | Outpatient Detox Social Detox | All Other Services MH: Eval/Referral | All Other Services MH: Face-to-Face Assess and Counseling | CP - DA: Case Mgmt. and Skill Develop. I - Individualized Services N - All Other Services | | Foster Homes, Semi- Independent Living, Emergency Foster Care | No Response for API, Geriatric MH and Assessment Treatment Facility | | |
| DA: Comm Ed., Peer/Consumer and Prevent/Interv. | | All Other Services MH and DA: Crisis Response | Outpatient Detox Social Detox | All Other Services MH: Eval/Referral | All Other Services MH: Face-to-Face Assess and Counseling | CP - DA: Case Mgmt. and Skill Develop. I - Individualized Services N - All Other Services | | Foster Homes, Semi- Independent Living, Emergency Foster Care | No Response for API, Geriatric MH and Assessment Treatment Facility | | |
| Community Prevention/Education (DA: Comm. Ed., Peer/Consumer and Prevent/Interv) services are Currently Provided, in the communities and at the Regional Hub. All other services are Inadequate. | Currently Provided in the communities and at the Regional Hub. | Emergency Services (MH/DA: Crisis Response) are Currently Provided, but Inadequate in the communities and at the Regional Hub. All other services are Currently Provided. | Detox) are Currently Provided by the communities | Assessment (MH: Eval Referral) services are Currently Provided, but Inadequate in the communities and at the Regional Hub. All other services are Currently Provided. | Outpatient (Clinic-Based) Services (MH: Face-to-Face Assess and Counseling) are Currently Provided, but Inadequate in the communities and at the Regional Hub. All other services are Currently Provided. | Rehab & Recovery Services (DA: Case Mgmt. and Skill Develop.) are Currently Provided in the communities and at the Regional Hub. Individualized Services are Inadequate and all other services are Needed. | Medical Services are Needed by the communities and at Regional Hub. | Residential Services (Foster Homes, Semi-Independent Living and Emergency Foster Care are Currently Provided, but Inadequate for the communities and at the Regional Hub. All other services are Needed. | API, Geriatric MH and Assessment Treatment | | |

2004 Rural Behavioral Health Needs Assessment

REGION 3: INTERIOR

Although sparsely populated, the Interior region is a very large portion of the state of Alaska. It has therefore, been subdivided into two sub-geographic areas: Fort Yukon with 9 communities and the Remaining Interior with 43 communities.

1. Fort Yukon

Most Fort Yukon residents descend from the Athabascan tribes of the area. Subsistence is an important component of the local culture. (The sale of alcohol is restricted to the City-owned package store.) City, state, federal agencies and the Native corporation are the primary employers in Fort Yukon. The School District is the largest employer. Fort Yukon is accessible by air, and barge during the summer months. Heavy cargo is brought in by barge from the end of May through mid-September; there is a barge off-loading area, but no dock. Riverboats and skiffs are used for recreation, hunting, fishing and other subsistence activities. Snowmobiles and dog sleds are used on area trails or the frozen river, which becomes an ice road to area villages during winter.

2. Remaining Interior

The Remaining Interior sub-geographic area includes the Yukon Koyukuk and Fairbanks Health Regions. The Yukon Koyukuk Area consists of the Yukon Koyukuk Census Area in the northwest interior of Alaska. Tanana Chiefs Corporation and Council of Athabascan Tribal Governments provide healthcare services to most of the Alaska Native population.

The Fairbanks Health Region consists of the Fairbanks North Star Borough and the Denali Borough south west of the city. Fairbanks is the second largest city in Alaska and serves as a hub for the northern half of the state. The Denali Borough is a sparsely populated area that includes the Denali National Park. The Alaska Highway links the major communities to Anchorage and to Canada and the Lower 48. The Native population of the region is primarily Athabascan.

Table 3 – 1 COMMUNITIES

| Sub- Geographic Areas | Regional Hub | Sub-Regional Hub Communities | Communities | | |
|-----------------------------|-----------------|------------------------------------|------------------------------------|---|-----------------------------|
| Fort Yukon | | Fort Yukon | Arctic Village | Birch Creek Central | Circle |
| | | | Beaver | Chalkyitsik | Venetie |
| Interior | Fairbanks | ?? | Alatna | Fort Greely Four | Nenana |
| (Remaining) | (considered | | Allakaket | Mile Road | Northway |
| | "urban") | | Anaktuvak Pass | Galena | Northway |
| | | | Anderson | Healy | Junction |
| | | | Bettles | Healy Lake | Northway |
| | | | Big Delta | Hughes | Village |
| | | | Christochina | Huslia | Nulato |
| | | | Coldfoot | Kaltag | Rampart |
| | | | Delta Junction | Koyukuk | Ruby |
| | | | Deltana | Lake Minchumina | Slana |
| | | | Dot Lake | Livengood | Stevens |
| | | | Dry Creek | Manley Hot Springs | Village |
| | | | Eagle | McKinley Park | Tanacross |
| | | | Eagle Village | (Part) | Tanana |
| | | | Evansville | Mentasta Lake | Tetlin |
| | | | Ferry | Minto | ■ Tok |

Please see the following page for the map detailing the Interior region and its sub-geographic areas of Fort Yukon and Remaining Interior.

Arctic Village Anaktuvuk Pass Wiseman Venetie Ciana Ambler Evansville • Bettles Chalkyitsik Kobi Noorvik Fort Yukon BH Shungnak - Selawik Alatna ... • Beaver Allakaket Birch Creek Circle uckland Hughes Stevens Village Central · Huslia Livengood Rampart Minto Tanana • Fairbanks Koyukuk Manley Galena North Pole Hot Springs • Ruby Nulato Nenana BH · Kaltag Healy Lake Delta Junction Dot Lake Healy Dry Creek Lake Tok (Tetlin Minchumina Tanacross Northway Telida Cantwell Slana Mentasta Lake Medfra Mt. McKinley Takotna Nikolai McGrath Chistochina Shageluk Nabesna Gulkana Gakona Glennallen Tazlina . Talkeetna Copper Center Holy Cross

FIGURE 3-1 INTERIOR

Village
Village with Clinic
Subregional Clinic
Regional Hospital
Alaska Native Medical Center
(jointly managed by ANTHC & SCF)
Behavioral Health Provider/
Organization
Tribal or Local
Health Program

Regional Area Border

Road

POPULATION

The Fort Yukon area comprising about 13% of the Interior Region is primarily Alaska Native. About a third of the Remaining Interior sub-region populations are Alaska Natives. The Interior Regions are expected to loose population to other areas, most likely the urban hubs, by 2015.

Table 3 – 2
POPULATION SUMMARY
(By Sub-Geographic Area)

| | 200 | 0 Populatio | n | 2015 Population | | | | |
|-------------------------|---------------------------------|------------------|--------------------------|---------------------------------|------------------|--------------------------|--|--|
| Sub Geographic Area | Native and Non- Native | Alaska Native | AN as a % of Total | Native and Non- Native | Alaska Native | AN as a % of Total | | |
| Fort Yukon | 1,738 | 1,164 | 67% | 1,337 | 1,303 | 97% | | |
| Remaining Interior | 11,962 | 4,118 | 34% | 11,321 | 3,885 | 34% | | |
| Total | 13,340 | 5,281 | 39% | 12,658 | 5,188 | 41% | | |
| % Change - 2000 to 2015 | | | | -5% | -2% | | | |

Table 3 – 3
POPULATION SUMMARY
(By Ages: All Interior)

| | 2000 Pop | ulation | 2015 Population | | |
|------------|------------|-----------|-----------------|------------|--|
| | Total | | Total | | |
| Age Cohort | (Native/ | | (Native/ | | |
| | Non- | % of | Non- | % of | |
| | Native) | Total | Native) | Total | |
| 0-9 | 2,049 | 15% | 1,420 | 11% | |
| 10 - 17 | 2,298 | 17% | 1,345 | 11% | |
| 18 – 24 | 1,084 | 8% | 1,124 | 9% | |
| 25 -54 | 5,957 | 45% | 5,214 | 41% | |
| 55 – 65 | 1,140 | 8 | 1,964 | 15% | |
| 65 + | <u>812</u> | <u>6%</u> | <u>1,591</u> | <u>13%</u> | |
| Total | 13,340 | 100% | 12,658 | 100% | |

BEHAVIORAL HEALTH PROVIDERS

Table 3 – 4 SURVEY RESPONDENTS/BEHAVIORAL HEALTH PROVIDERS

| | | | | 4) | | St | aff | |
|--|--|---|---------------------------------|----------------------|-------|--------------|------------------|----------|
| Behavioral Health Provider | Program (State of Alaska Classification) | Organization | Location | Native or Non-Native | Admin | Professional | Paraprofessional | Clerical |
| Tanana Chiefs Conference - General Community Mental Health | Mental Health Rehabilitation and Treatment | Tanana Chiefs Conference, Inc. | Fairbanks | N | 6 | 5 | 18.5 | 3 |
| Fairbanks Native Association | Treatment/Residential | Fairbanks Native Association | Fairbanks | N | | | | |
| Fairbanks Native Association/Domiciliary | Treatment/Residential | Fairbanks Native Association | Fairbanks | | | | | |
| Fairbanks Mental Health Center | | | Fairbanks | NN | | | | |
| Yukon Tanana Counseling Services | | Yukon Tanana Counseling Services | Fairbanks | | .5 | 1.5 | 4 | 1 |
| Railbelt Mental Health | Mental Health Rehabilitation and Treatment | Railbelt Mental Health and Addictions | Nenana | NN | 1 | 4 | 1.5 | 1.5 |
| | | Council of Athabascan Tribal Governments - Yukon Flats Health and | | N | | | | |
| CATG and TCC for area | Designated BRU's Mental Health Rehabilitation and | Care Center | Fort Yukon | | 1 | 1 | 2 | 1 |
| City of Galena | Treatment | City of Galena | Galena | | .5 | 2.5 | 4 | 1 |
| Tok Area Mental Health Center | Mental Health Rehabilitation and Treatment | Tok Area Mental Health Center | Tok | | .5 | 1.5 | | 1 |
| Mt. Sanford Tribal Health Consortium (MSTC) | Mental Health Rehabilitation and Treatment | Mt. Sanford Tribal Consortium | Chistochina Mentasta Lake | N | | | | |
| TOTALS | | | | | 9.5 | 15.5 | 30 | 7.5 |

Behavioral Health Providers Responding to 2004 Needs Assessment Survey

SURVEY SUMMARIES

The region of Interior is divided into two sub-geographic areas: Fort Yukon and Remaining.

Fort Yukon

The survey respondents indicated that most of the community direct services for this sub-geographic area are currently provided by the Sub-Regional Hub in Fort Yukon. Services that are generally received directly in the communities such as Outreach, Detox, Emergency Services, Assessment Services and Outpatient (Clinic-Based) Services are mostly currently provided. However, Community



Prevention/Education services were inadequate and Mental Health: Advocacy/Self-Help services are needed. Medical and Social Detox services are needed by both the communities and at the Regional Hub. Mental Health Screening and Assessment services are inadequate in the Assessment and Outpatient programs respectively.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services, Residential Services and Inpatient Services, were needed by the communities and the Regional Hub. Pharmacological Management in the Medical Services program is currently provided, but all other Medical Services are inadequate for the communities and Sub-Regional Hub.

Remaining Interior

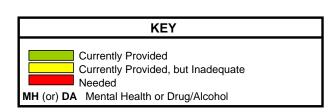
Survey responses for the Remaining sub-geographic area of the Interior mirrored the Fort Yukon scenario.

(For more detailed response summaries, please see Figures 3-2 and 3-3.)

Continuum of Care and Referral Paths

FIGURE 3-2 INTERIOR (FORT YUKON)

No. of Communities: 7



No. of Communities: 7

IN MOST COMMUNITIES

SUB-REGIONAL HUB [Fort Yukon]

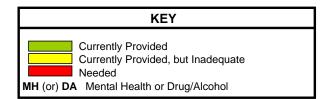
| | —— | LEAST INTENSIVE | | | CONTINUU | M OF CARE | | MOST INTENSIVE | | |
|---|--|--|---|----------------|---|---|---|---|---|---|
| | COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES |
| | All Other Services MH: Advocacy, Comm. Ed., Peer/Consumer | | CP - All Other Services I - MH/DA: Crisis Interv. N - Medical Detox | Social Detox | MH: Screening | MH/DA: Face-to- Face Assess | CP - DA: Case Mgmt., Individ. Svcs. I - MH: Skill Develop., Individ. Svcs. N - All Other Services | Pharma. Mgmt. Pharma. Mgmt. Psych. Assess. and Medical Co- morbidity | | |
| 1 | All Other Services MH: Advocacy and Peer/Consumer | | CP - All Other Services I - MH/DA: Crisis Interv. N - Medical Detox | Social Delox | MH: Screening | MH/DA: Face-to- Face Assess | CP - DA: Case Mgmt., Individ. Svcs. I - MH: Skill Develop., Individ. Svcs. N - All Other Services | Psych. Assess. and Pharma. Mgmt. Medical Co- morbidity | | |
| | Community Prevention/Education (MH: Advocacy, Comm. Ed and Peer/Consumer) services are Needed in the communities. Advocacy and Peer/Consumer services are Needed at the Sub-Regional Hub. All other Community Prevention/Education services are Currently Provided, but Inadequate in the communities and at the Sub Regional Hub. | Outreach services are Currently Provided in the communities and at the Sub- Regional Hub. | Emergency (MH/DA: Crisis Intervention) Services are Currently Provided, but Inadequate in the communities and at the Sub-Regional Hub. Medical Detox is Needed in the communities and at the Sub Regional Hub. All other services are Currently Provided. | Needed. | Assessment services are Currently Provided in the communities and at the Sub- Regional Hub, but MH: Screening services are Inadequate. | Outpatient (Clinic-Based) Services (MH/DA: Face-to-Face Assess) are Currently Provided, but Inadequate in the communities and at the Sut Regional Hub. All other services are Currently Provided. | Rehab and Recovery Services (DA: Case Management and Individualized Services) are Currently Provided by the communities and at the Sub- Regional Hub. MH: Skill Development and Individualized Services) are Currently Provided, but Inadequate by the communities and at the Sub- Regional Hub. All other services are Needed. | Medical Services (Pharma. Mgmt.) are Currently Provided in the communities and at the Sub-Regional Hub, but Medical Co-Morbidity and Psych. Asses. services are Inadequate. | Residential Services are Needed by the communities at the Sub-Regional Hub. | Inpatient Services are Needed by the communities at the Sub-Regional Hub. |

2004 Rural Behavioral Health Needs Assessment

Continuum of Care and Referral Paths

FIGURE 3-3 INTERIOR (REMAINING)

No. of Communities: 41



LEAST INTENSIVE

MOST INTENSIVE

IN MOST COMMUNITIES

SUB-REGIONAL HUB [Fairbanks was identified as the Sub-Regional Hub, but is considered an Urban Center]

| COMMUNITY PREVENTION BUCATION ADASHICES, BIT Description: Description | _ | | | | | | | | | | | | | | | | | |
|--|----------------------------------|--|---|---------------------------|--|---|--|---------------------------------------|---|---|--|--|--|---|---|--|--|--------------------|
| Assessment (MH: Screening) Community Prevention/Education (DA Services, MH: Prevention/Education (DA Services, MH: Prevention/Education (DA Services, MH: Prevention/Education (DA Communities. Prevention/Education (DA Services (MH: Prevention) Services are Currently Provided in the communities. Prevention/Education (DA Services, MH: Prevention/Education (DA Services (MH: Prevention) Services are Currently Provided in the communities. Prevention/Education (DA Services, MH: Services, MH: Communities. Prevention/Education (DA Services (MH: Prevention) Services, MH: Communities. Prevention/Education (DA Services (MH: Prevention) Services are Currently Provided in the communities. Prevention/Intervention and Currently Prevention/Intervention and Currently Prevention/Intervention and Currently Prevention/Intervention and Currently Services are Currently Prevention/Intervention and Currently Prevention/Intervention and Currently Services are Currently Prevention/Intervention and Currently Services are Currently Prevention/Intervention and Currently Services are Currently Services (MH: Screening) Services (MH: Face-to-Face Servi | | PREVE | NTION/ | OUTREACH | | | DETOX S | ERVICES | ASSES | SMENT | | • | | | MEDICAL | SERVICES | | INPATIENT SERVICES |
| Community Prevention/Education (DA Services, MH: Services, MH: Prevention/Intervention and Comm. Ed. For Children) Services are Currently Provided, but Inadequate in the communities. Medical Detox Services are Currently Provided, but Inadequate in the communities. All other services are Currently Provided. Detox) are Currently Provided in the communities. Social Detox services (Untraited by the communities. Inadequate in the communities. All other services are Inpatient Services are Currently Provided in the communities. Services (Intervention) Services are Currently Provided, but Inadequate in the communities. All other services are Inadequate in the communities. Inadequate in the communities | | Prevent/Interv., Comm. Ed (for | Peer/Consumer, | | I - MH/DA: Crisis Interv. | | Outpatient Detox | Social Detox | | MH: Screening | | | Svcs. I - MH: Case Mgm | | Pharma. Mgmt. | Medical Co- | | |
| Prevention/Education (DA Currently Provided in the Services are Detox) are Currently Services are Currently Services (MH: Face-to-Face Services (DA: Day Treatment) Mgmt.) are Currently Needed by the communities. Needed by the commun | b, | • | | | | | | | | | | | | | | | | |
| | | Prevention/Ed Service Prevention/Into Comm. Ed. F services are Provided, but the communiti | ducation (DA s, MH: ervention and or Children) Currently dadequate in es. All other | Currently Provided in the | Intervention) Servently Provide Inadequate in communities. Medition is Needed. All other | vices are ded, but n the ical Detox er services | Detox) are Provided in th Social Detox | Currently e communities. services are | services are Provided, but the communi services are | e Currently t Inadequate in ities. All other e Currently | Services (MH Assessment Currently P Inadequ communities. A | Face-to-Face) services are rovided, but ate in the all other services | Services (DA: are Currently communitie Developmen Treatment at and all other | Day Treatment) Provided in the s. DA: Skill and MH: Day e Inadequate services are | Mgmt.) and Provided in the Psych. Asses Co-morbidit | e Currently ne communities. ss. and Medical y services are | | |

CONTINUUM OF CARE

2004 Rural Behavioral Health Needs Assessment

REGION 4: NORTON SOUND

The Norton Sound region includes the Nome Census Area and is located on the south coast of the Seward Peninsula. Nome is the commercial hub for the region. Roads link Nome to the villages of Teller, Taylor, and Council. The village settlements are populated primarily by Inupiat Eskimos practicing a subsistence lifestyle. There are 17 communities in this region.

Please see the following page for the map detailing the Norton Sound region.

Table 4 – 1 COMMUNITIES

| Sub-Geographic Areas | Regional Hub | Sub-Regional Hub Communities | Communities | | |
|----------------------|-----------------|------------------------------------|---|---|---|
| | | Nome | Brevig MissionDiomedeElimGambellGolovin | Koyuk Port Clarence Savoonga Shaktoolik Shishmaref St. Michael | StebbinsTellerUnalakleetWalesWhiteMountain |

Table 4 - 2 POPULATION SUMMARY (By Age)

| | 200 | 0 Populatio | n | 20 | 15 Populati | on |
|----------------------|--------------------------------------|------------------|-----------------------------------|--------------------------------------|------------------|--------------------------------|
| Age Cohort | Total (Native/ Non- Native) | Alaska Native | Alaska Native % of Total | Total (Native/ Non- Native) | Alaska Native | Alaska Native % of Total |
| 0-9 | 1,811 | 1,594 | 88% | 1,124 | 918 | 82% |
| 10 - 17 | 1,605 | 1,465 | 91% | 1,078 | 954 | 88% |
| 18 – 24 | 859 | 713 | 83% | 1,033 | 1,008 | 97% |
| 25 -54 | 3,804 | 2,624 | 69% | 3,891 | 3,125 | 80% |
| 55 – 65 | 577 | 434 | 75% | 1,135 | 726 | 64% |
| 65 + | <u>540</u> | <u>444</u> | <u>82%</u> | <u>881</u> | <u>620</u> | <u>70%</u> |
| Total | 9,196 | 7,274 | 79% | 9,142 | 7,351 | 80% |
| % Change 2000 - 2015 | | | | 1% | 7% | |

FIGURE 4-1 NORTON SOUND





Table 4 – 3 SURVEY RESPONDENTS/BEHAVIORAL HEALTH PROVIDERS

| Behavioral Health Provider | Program (State of Alaska Classification) | Organization | Location | Native or Non-Native | Admin | Professional | Paraprofessional | Clerical |
|--|--|--|----------|----------------------|-------|--------------|------------------|----------|
| Norton Sound Health Corp- Community Mental Health | Rural Human Services | Norton Sound Behavioral Health Services | Nome | N | 5 | 13 | 18 | 5 |
| TOTALS | Transi Tuman Corvices | Ticaliti Gervices | 1401110 | | 5 | 13 | 18 | 5 |

Behavioral Health Providers Responding to 2004 Needs Assessment Survey

SURVEY SUMMARY

The survey respondents indicated that most of the services for this region are currently provided by the Regional Hub in Nome. Services that are generally received directly in the communities such as Community Prevention/Education, Emergency Services, Outpatient (Clinic-Based) Services are currently provided, but inadequate in the communities. Outreach services were inadequate in both the communities and Regional Hub. Detox services were needed by both the communities and Regional Hub.

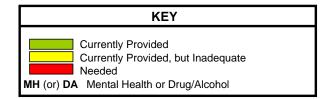
At the more intensive end of the Continuum spectrum: Rehab and Recovery Services, Residential Services and Inpatient Services, were needed by the communities and the Regional Hub. Medical Services are provided at the Regional Hub, but inadequate or needed in the communities.

(For more detailed response summaries, please see Figure 4-2.)

Continuum of Care and Referral Paths

FIGURE 4-2 **NORTON SOUND**

No. of Communities: 17





IN MOST COMMUNITIES

REGIONAL HUB [Nome]

| | LEAST INTENSIVE | | | CONTINUU | M OF CARE | | MOST INTENSIVE | | | | |
|--|--|--|---|---|--|---|--|---|---|--|--|
| COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES | | |
| MH/DA: Advocoacy, MH/DA: MH: Comm Ed Peer/Consumer | | | | | | | Medical Co- morbidity | | | | |
| | | | | | | | | | No Response | | |
| Community Prevention/Education (MH and DA: Advocacy, MH: Comm. Ed) services are Currently Provided, but Inadequate in the communities. MH and DA: Peer/Consumer services are Needed in all communities. All services are Currently Provided at the Regional Hub. | Outreach services are Currently Provided, but Inadequate in the communities and at the Regional Hub. | Emergency Services are Currently Provided, but Inadequate in the communities. All services are Currently Provided at the Regional Hub. | Detox Services are Needed in the communities and at the Regional Hub. | Assessment services are Currently Provided in the communities and at the Regional Hub. | Outpatient (Clinic-Based) Services are Currently Provided, but Inadequate in the communities. All services are Currently Provided at the Regional Hub. | Rehab and Recovery Services are <i>Needed</i> by the communities at the Regional Hub. | Medical Services are Currently Provided, but Inadequate and Medical Co- morbidity services are Needed by the communities. All services are Currently Provided at the Regional Hub. | Residential Services are Needed by the communities at the Regional Hub. | Inpatient Services are Needed by the communities at the Regional Hub. (Surveys were left blank re: Inpatient Services at the Regional Hub.) | | |
| | | | | | | | | | | | |

2004 Rural Behavioral **Health Needs Assessment**

REGION 5: YUKON KUSKOKWIM

The Yukon Kuskokwim region is served by Bethel-Wade Hampton Health and contains the Bethel Census Area and the Wade Hampton Census Area. Bethel is the hub for services in the region. Other cities include Saint Mary's, Emmonak, Alukanuk, and Hooper Bay. The Yukon-Kuskokwim Delta is primarily tundra, and there is no road system. Most employment is linked to transportation or health and human services. The Yupik Eskimos of the region continue to speak their own language, and many combine subsistence activities with employment. There are 49 communities in this region.

Please see the following page for the map detailing the Yukon Kuskokwim region.

Table 5 – 1 COMMUNITIES

| | Regional | Sub-Regional Hub | | | |
|----------------------|----------|---------------------|--|---|--|
| Sub-Geographic Areas | Hub | Communities | Communities | | |
| | | Bethel | Akiachak Akiak Alakanuk Aniak Anvik Atmauthuak Chefornak Chevak Chuathbaluk Crooked Creek Eek Emmonak Grayling Holy Cross Hooper Bay Kasigluk Kipnuk | Kongiganak Kotlik Kwethluk Kwigillingok Lower Kalskag Marshall Mekoryuk Mountain Village Napakiak Napaskiak Newtok Nightmute Nunapitchuk Oscarville Pilot Station Pitka's Point Quinhagak | Red Devil Russian Mission Scammon Bay Shageluk Sheldon Point Sleetmute St. Mary's Stony River Toksook Bay Tuluksak Tuntutuliak Tununak Upper Kalskag |

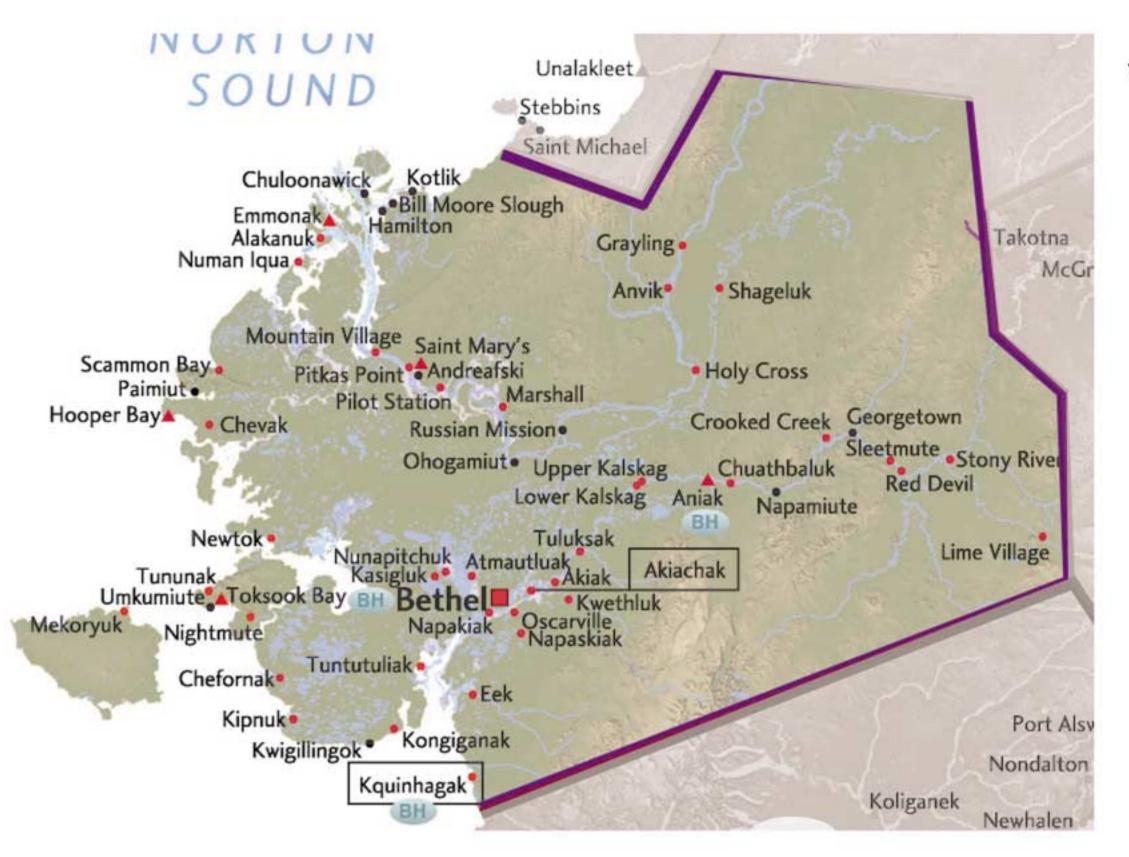


FIGURE 5-1 YUKON KUSKOKWIM



POPULATION

Nearly 90% of the Yukon Kuskokwim region's population is Alaska Natives. The area is expected to grow over the ten years with a shift from younger age groups to adult and elder age groups.

Table 5 - 2
POPULATION SUMMARY
(By Age)

| | 200 | 0 Populatio | n | 20 | 15 Populati | on |
|------------|--------------------------------------|------------------|-----------------------------------|---|--------------|--------------------------------|
| Age Cohort | Total (Native/ Non- Native) | Alaska Native | Alaska Native % of Total | Total Alaska (Native/ Native Non- Native) | | Alaska Native % of Total |
| 0-9 | 5,285 | 5,016 | 93% | 3,583 | 3,051 | 85% |
| 10 - 17 | 4,545 | 4,339 | 95% | 3,560 | 3,344 | 94% |
| 18 – 24 | 2,257 | 2,086 | 92% | 3,455 | 3,432 | 99% |
| 25 -54 | 8,837 | 7,139 | 81% | 11,888 | 10,327 | 87% |
| 55 – 65 | 1,282 | 1,033 | 81% | 2,845 | 2,141 | 84% |
| 65 + | <u>1,211</u> | <u>1,125</u> | <u>93%</u> | <u>2,269</u> | <u>1,746</u> | <u>77%</u> |
| Total | 23,417 | 20,737 | 88% | 27,611 | 24,040 | 87% |
| % change | | | | 18% | 16% | |

BEHAVIORAL HEALTH PROVIDERS

This area has developed a number of health care related programs and appears to have behavioral health needs available not only in the hub, but also in a few communities.

Table 5 – 3
SURVEY RESPONDENTS/BEHAVIORAL HEALTH PROVIDERS

| | | | | eg. | | | Staff | |
|---------------------------------------|---|--|-----------|----------------------|-------|--------------|------------------|----------|
| Behavioral Health Provider | Program (State of Alaska Classification) | Organization | Location | Native or Non-Native | Admin | Professional | Paraprofessional | Clerical |
| Kuskokwim Native | Mental Health Rehabilitation and | Kuskokwim Native Association Community | | N | | | | |
| Association | Treatment | Counseling Center | Aniak | IN | 1 | 2 | .25 | 1.25 |
| Yukon-Kuskokwim Health Corporation | Mental Health Rehabilitation and Treatment | Yukon-Kuskokwim Health Corporation | Bethel | N | 8 | 21 | 64 | 31 |
| Native Village of Quinhagak | | Native Village of Quinhagak | Quinhagak | N | | | | |
| TOTALS | | | | | 9 | 23 | 64.25 | 32.25 |



SURVEY SUMMARY

The survey respondents indicated that most of the services for this region are currently provided by the communities and at the Regional Hub in Bethel. Detox Services (and Medical Detox in the Emergency Services program) are needed in the communities and at the Regional Hub.

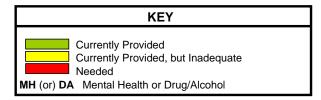
At the more intensive end of the Continuum spectrum: Drug and Alcohol services were needed in the Rehab and Recovery Services program. All Medical Services were inadequate at the Regional Hub while Pharmacological Management was provided by the communities. The other Medical Services were needed by the communities. In Residential Services, Foster Homes, Emergency Foster Care and Crisis Beds were provided by both the communities and Regional Hub with additional services of Respite and Residential Crisis Management also being covered by the Regional Hub. All other Residential Services are needed by the communities and at the Regional Hub. Inpatient Services such as Crisis Respite, Community Hospitals and DET Beds are currently provided by the Regional Hub, but all other Inpatient Services are inadequate. All Inpatient Services were shown to be needed by the communities.

(For more detailed response summaries, please see Figure 5-2.)

Continuum of Care and Referral Paths

FIGURE 5-2 YUKON KUSKOKWIM

No. of Communities: 49



IN MOST COMMUNITIES

REGIONAL HUB [Bethel]

| | LEAST INTENSIVE | | | CONTINUU | M OF CARE | | | MOST INTENSIVE | |
|--|--|---|--|---|---|---|--|---|---|
| COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES |
| MH/DA: Advocacy/Self-Help | | Medical Detox | | | | MH: Day Treatment, MH/DA: SIH-Based Svcs., Supported Living | Pharma. Mgmt. All Other Services | Foster Home, Emergency Foster Care, Crisis Beds | |
| - | | | | | | | | | |
| | | Medical Detox | | | | All DA Services | | Respite, Foster Home, Emergency Foster Care, Crisis Beds, Res. Crisis Mgmt. | Crisis Respite, Community Hospitals and DET Beds API, Geriatric MH and Assess/Treatment |
| Community Prevention/Education (MH/DA: Advocacy/Self-Help) services are Needed in the communities. All other services are Currently Provided in the communities. All Community Prevention/Education services are Currently Provided at the Regional Hub. | Outreach services are Currently Provided in the communities and at the Regional Hub. | Emergency Services (Medical Detox) are Needed by the communities and at the Regional Hub. All other Emergency Services are Currently Provided by the communities and at the Regional Hub. | Detox Services are <i>Needed</i> by the communities and at the Regional Hub. | Assessment services are Currently Provided in the communities and at the Regional Hub. | Outpatient (Clinic-Based) Services are Currently Provided by the communities and at the Regional Hub. | Rehab & Recovery Services (MH: Day Treatment, MH/DA: School/Home-Based Services and Supported Living) are Needed in the communities. All Rehab & Recovery Services (DA) are Needed at the Regional Hub. All other services are Currently Provided in the communities and at the Regional Hub. | Medical Services (Pharma. Mgmt.) are Currently Provided in the communities. All other Medical Services are Needed by the communities. All services are Inadequate at the Regional Hub. | Residential Services (Foster Home, Emergency Foster Care and Crisis Beds) are Currently Provided in the communities and at the Regional Hub. Respite and Residential Crisis Mgmt. services are also Currently Provided at the Regional Hub. All other Residential Services are Needed in the communities and at the Regional Hub. | <u> </u> |

2004 Rural Behavioral Health Needs Assessment

REGION 6: SOUTHCENTRAL ALASKA AND ALEUTIANS

REGION DESCRIPTION

The Southcentral Alaska and Aleutians region is a varied and diverse geographic area. It has some densely populated areas and some remote rural areas. Because of the diversity of this region, it has been subdivided into eight sub-geographic areas. There are approximately 117 communities in the Southcentral Alaska and Aleutians region with a total population of 142,000.

Table 6 – 1 COMMUNITIES

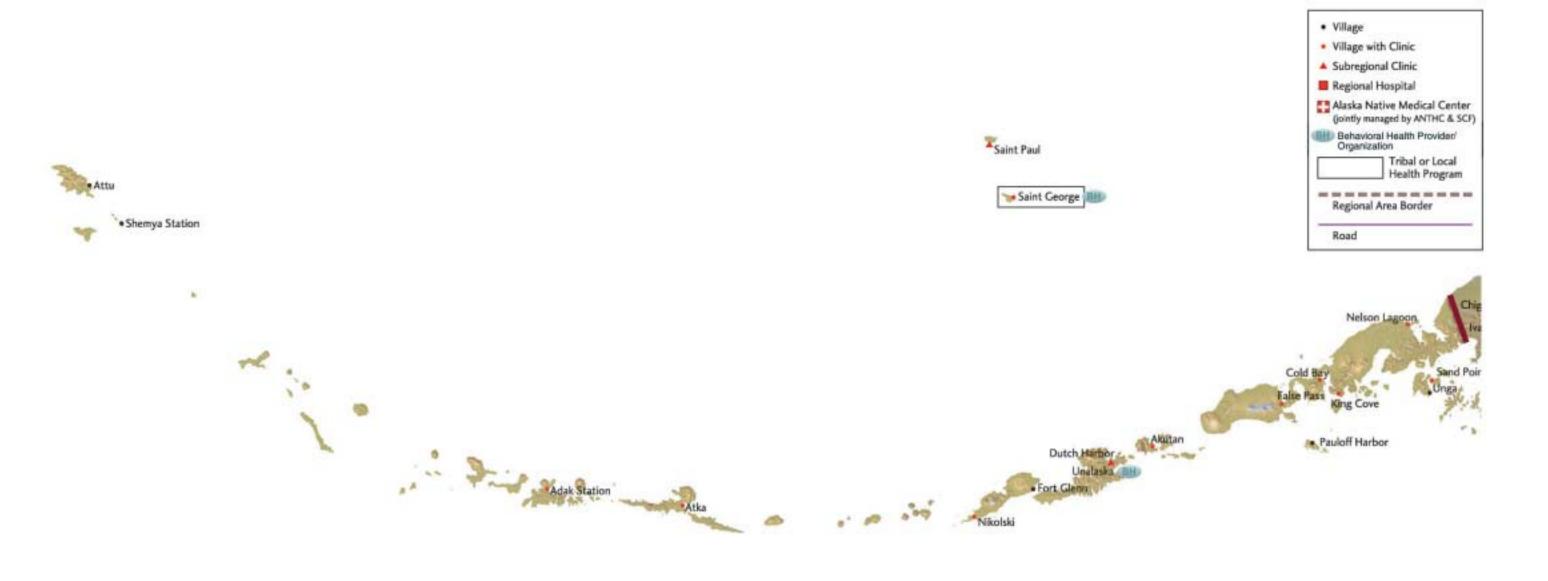
| Sub-Geographic Areas | Regional Hub | Sub-Regional Hub Communities | Communities | | |
|-------------------------------------|-----------------|--------------------------------------|--|---|--|
| Pribilof | | Unalaska | AtkaNikolski | St. George Island | St. Paul Island |
| Aleutians | | King Cove | AdakAkutanCold Bay | False PassNelson LagoonSand Point | |
| Kodiak | | Kodiak | AkhiokAlenevaChiniakKarluk | Kodiak Naval StnLarsen BayOld Harbor | OuzinkiePort LionsWomens Bay |
| Kenai | | Kenai Soldotna Seward Homer | Anchor Point Beluga Clam Gulch Cohoe Cooper Landing Diamond Ridge Fox River Fritz Creek | Funny River Halibut Cove Happy Valley Hope Kachamak Kalifonsky Kasilof Nikiski Nikolaevsk | Ninilchik Ridgeway Salamatof Seldovia Seldovia Village Sterling Sunrise Village Tyonek |
| Anchorage Bowl | Anchorage (| considered "urban") | | | |
| Chugach/ Prince William Sound | | Cordova Valdez | Bear Creek Cantwell Chenega Chitina Copper Center Copperville Crown Point Gakona Glacier View (Part) Gulkana | Kenny Lake Lake Louise Lowell Point McCarthy McKinley Park (Part) Mendeltna Lodge Moose Pass Nanwalek Nelchina | Paxson Port Graham Primrose Seward Silver Springs Tatitlek Tazlina Tolsona Tonsina Whittier Willow Creek |
| Palmer/Wasilla/ Talkeetna | | Palmer Wasilla | Big Lake Buffalo/ Soapstone Butte Chase Chickaloon Farm Loop Fishhook Gateway Glacier View | Houston Knik Knik River Lakes Lazy Mountain Meadow Lakes Petersville Point MacKenzie Port Alsworth | Skwentna Susitna Sutton Talkeetna Tanaina Trapper Creek Willow Y |
| McGrath Area | | McGrath | Nikolai | Takotna | |
| Glennallen | | Glennallen | | | |



SOUTHCENTRAL ALASKA AND ALEUTIANS



SOUTHCENTRAL ALASKA AND ALEUTIANS



POPULATION

Southcentral Alaska and Aleutian geographic area is the most densely populated area in the State. As shown in the table below, the total population is expected to increase 40% by 2015, while the Alaska Native population will increase by over 60% due primarily to immigration from other regions in the State. This increase will put significant pressures on health care providers in this region.

Table 6 – 2
POPULATION SUMMARY
(By Sub-Geographic Area)

| | 200 | 0 Populatio | n | 20 | 15 Populati | on |
|--------------------------|--------------------------------------|------------------|-----------------------------------|--------------------------------------|------------------|--------------------------------|
| Sub-Geographic Area | Total (Native/ Non- Native) | Alaska Native | Alaska Native % of Total | Total (Native/ Non- Native) | Alaska Native | Alaska Native % of Total |
| Pribilof | 5,149 | 1,109 | 21% | 5,104 | 1,232 | 24% |
| Aleutians | 3,013 | 1,167 | 34% | 2,647 | 1,172 | 44% |
| Kodiak | 13,913 | 2,458 | 18% | 8,945 | 3,056 | 34% |
| Kenai | 44,225 | 3,017 | 19% | 50,501 | 4,720 | 9% |
| Chugach/Prince Wm Sound | 15,217 | 3,723 | 24% | 15,319 | 3,606 | 23% |
| Palmer/Wasilla/Talkeetna | 59,451 | 5,303 | 9% | 114,447 | 13,662 | 12% |
| McGrath Area | 551 | 294 | 53% | 521 | 420 | 80% |
| Glenallen | 554 | 36 | 7% | 526 | 40 | 7% |
| Total | 142,073 | 17,097 | 12% | 198,010 | 27,908 | 14% |
| % Change - 2000 to 2015 | | | | 40% | 63% | |

The breakdown by age shows the relatively young age distribution of this region. Some 30% of the total population in 2000 are 17 or under. In 2015 this age group will comprise 22% of the total population as the population ages and moves into the adult age categories. The over 65 age group increases from 6% of the total population to 12%.

Table 6 - 3 POPULATION SUMMARY (By Age)

| | 200 | 0 Populatio | n | 20 | 15 Populati | on |
|------------|--------------------------------------|------------------|-----------------------------------|--------------------------------------|---|------------|
| Age Cohort | Total (Native/ Non- Native) | Alaska Native | Alaska Native % of Total | Total (Native/ Non- Native) | (Native/ Alaska Non- Native Native) | |
| 0 – 9 | 21,517 | 3,484 | 16% | 21,504 | 3,909 | 18% |
| 10 – 17 | 21,606 | 2,921 | 13% | 21,110 | 3,509 | 17% |
| 18 – 24 | 10,454 | 1,876 | 18% | 17,662 | 3,090 | 17% |
| 25 – 54 | 68,825 | 6,930 | 10% | 80,167 | 11,794 | 15% |
| 55 – 65 | 10,988 | 1,014 | 9% | 33,266 | 3,203 | 10% |
| 65 + | <u>8,683</u> | <u>872</u> | <u>10%</u> | <u>24,310</u> | <u>2,403</u> | <u>10%</u> |
| Total | 142,073 | 17,097 | 12% | 198,010 | 27,908 | 14% |



BEHAVIORAL HEALTH PROVIDERS

This region has a number of behavioral health providers covering a wide range of programs and services as shown in the following table.

Table 6 – 4 REGION BEHAVIORAL HEALTH PROVIDERS

| | | | | | | | Staff | | |
|---|--|--|------------------|--------------------------|-------|--------------|------------------|----------|--|
| Behavioral Health Provider | Program (State of Alaska Classification) | Organization | Location | Native or Non- Native | Admin | Professional | Paraprofessional | Clerical | |
| Aleutian/Pribilof Islands Association | Mental Health Rehab and Treatment | APIA | Anchorage | N | 2.5 | 2 | 5 | 2 | |
| Eastern Aleutian Tribes, Inc. | Mental Health Rehab and Treatment | EAT | Anchorage | N | 1 | 5 | 8 | | |
| Southcentral Foundation | Mental Health Rehab and Treatment | Southcentral Foundation | Anchorage | N | 16 | 52 | 82 | | |
| Aleutian Pribilof Island Association | Treatment/Outpatient | APIA | Anchorage | | | | | | |
| Cook Inlet Tribal Council | Treatment/Residential | CITC | Anchorage | N | | | | | |
| Tyonek Village | | Tyonek Village | Anchorage | N | | | | | |
| Chugachmiut | | Chugachmiut | Anchorage | N | | | | | |
| Chickaloon Native Tribe | | Chickaloon Native Village | Chickaloon | | | | | | |
| Chitina Traditional Council | | Chitina Traditional Council | Chitina | N | | | | | |
| Copper River Native Association | Mental Health Rehab and Treatment | Copper River Community Mental Health Center | Copper Center | N | 11 | 10 | 28 | 5 | |
| Sound Alternatives (Cordova Community Hospital) | Mental Health Rehab and Treatment | Sound Alternatives | Cordova | NN | 0 | 2 | 2 | 2 | |
| Eklutna Native Association | | Eklutna Native Association | Eklutna | N | | | | | |
| Native Village of Eyak | | Native Village of Eyak | Eyak | | | | | | |
| Ilanka Health Center | | Ilanka Health Center | Eyak | N | | | | | |
| Choices for Teens | Community Prevention | Choices for Teens | Homer | | | | | | |
| South Peninsula Mental Health Association | Mental Health Rehab and Treatment | South Peninsula Behavioral Health Services, Inc. | Homer | NN | 6 | 7 | 38 | 9 | |
| Cook Inlet Counsel on Alcohol and Drug Abuse | | Cook Inlet Counsel on Alcohol and Drug Abuse | Homer | NN | | | | | |
| Native Village of Karluk | | Native Village of Karluk | Karluk | | | | | | |

Table 6 – 2 (Cont'd) REGION BEHAVIORAL HEALTH PROVIDERS

| Bonavioral ribana | ii i i o vidoro i koopo. | iding to 2004 Needs / | 100000111011 | Cuiv | | Sta | aff | |
|--|--|---|----------------|--------------------------|-------|--------------|------------------|----------|
| Behavioral Health Provider | Program (State of Alaska Classification) | Organization | Location | Native or Non- Native | Admin | Professional | Paraprofessional | Clerical |
| IONIA, Inc. CPFSS | Consolidated Peer and Family Support | Ionia, Inc. | Kasilof | | | | | |
| Central Peninsula Counseling Services | Mental Health Rehab and Treatment | Central Peninsula Counseling Service | Kenai | NN | | | | |
| Kenai Peninsula Community Care Center | Mental Health Rehab and Treatment | Kenai Peninsula Community Care Center | Kenai | N and NN | 5 | 2 | 25 | 1 |
| Kenaitze Indian Tribe, IRA | Mental Health Rehab and Treatment | Kenaitze Indian Tribe IRA | Kenai | N | 1 | 4 | 1 | 2 |
| CICADA/Kenai | Treatment/Outpatient | Cook Inlet Council on Alcohol and Drug Abuse | Kenai | | | | | |
| Kodiak Youth Services | Community Prevention | Kodiak Youth Services Center | Kodiak | | | | | |
| Providence Kodiak Island Mental Health Center | Mental Health Rehab and Treatment | Providence Kodiak Island Mental Health Center | Kodiak | NN | 1 | 9 | 5 | 4 |
| Kodiak Area Native Association | Rural Human Services | Kodiak Area Native Association | Kodiak | N | | | | |
| Kodiak Council on Alcoholism | Treatment/Residential | Kodiak Council on Alcoholism | Kodiak | | | | | |
| Ninilchik Traditional Council | | Ninilchik Traditional Council | Ninilchik | N | | | | |
| Daybreak, Inc. | Mental Health Rehab and Treatment | Daybreak, Inc. | Palmer | NN | 1.3 | 6.8 | 4 | 1 |
| Valley Residential Services | Mental Health Rehab and Treatment | Valley Residential Services | Palmer | | 1 | | | 1 |
| Port Graham Village Council | CAASA | Port Graham Village Council | Port Graham | | | | | |
| Seldovia Village Tribe | CAASA | Seldovia Village Tribe Prevention Program | Seldovia | N | | | | |
| Seaview Community Services | Mental Health Rehab and Treatment | Seaview Community Services | Seward | | 4 | 3.1 | 13.5 | 1 |
| Central Peninsula Gen Hospital | Treatment/Residential | Central Peninsula General Hospital | Soldotna | NN | | | | |
| St. George Health Clinic/Traditional Council | | St. George Health Clinic/Traditional Council | St. George | | | | | |
| Iliuliuk Family and Health Services | Mental Health Rehab and Treatment | Iliuliuk Family and Health Services, Inc. | Unalaska | N | 0.5 | 2 | 0 | 1 |
| Valdez Regional Health Authority | Mental Health Rehab and Treatment | Valdez Regional Health Authority d/b/a Valdez Counseling Center | Valdez | NN | 1 | 4 | 2 | 2 |
| Valdez Native Tribe | | Valdez Native Tribe | Valdez | N | | | | |
| Behavioral Health Services of Mat-Su | FAS-Mini Grant for trainers | Behavioral Health Services of Mat-Su | Wasilla | NN | | | | |

Table 6 – 2 (Cont'd) REGION BEHAVIORAL HEALTH PROVIDERS

| | | _ | | | | St | aff | |
|--|---|--|----------|--------------------------|-------|--------------|------------------|----------|
| Behavioral Health Provider | Program (State of Alaska Classification) | Organization | Location | Native or Non- Native | Admin | Professional | Paraprofessional | Clerical |
| Life Quest and Mat-Su Recovery Center | Mental Health Rehab and Treatment/ Outpatient Treatment | Mat-Su Community Mental Health Services d/b/a Life Quest | Wasilla | | 25 | 20 | 30 | 18 |
| Nugen's Ranch and Alaska Addictions | Mental Health Rehab and Treatment | Nugen's Ranch | Wasilla | | 2 | 1 | 20 | 2 |
| TOTALS | | | | | 78.3 | 129.9 | 263.5 | 51 |

SUBGEOGRAPHIC REGIONS

Aleutians and Pribilof

REGION DESCRIPTION

The Aleutians and Pribilof areas of this region contain the Aleutians East Borough (Aleutians) and the Aleutians West (Pribilof) census area. "The chain" stretches westward from the Alaskan mainland and can be reached only by boat or plane. Major cities include Adak, Unalaska/Dutch Harbor, Akutan, Cold Bay, and King Cove. Commercial fisheries and seafood processing are the main industries in the Aleutians. Air or boat travel is used to get from community to community.

POPULATION

Alaska Natives comprise roughly a third of the population inhabiting this sparsely populated area. By 2015, the proportion of total population 55 and older increases significantly. At the same time there are fewer adults in the 25 to 54 age range.

Table 6 – 3
POPULATION
(By Sub-Geographic Area)

| | 2000 Population | | | | 2015 Population | | | |
|-----------------------|--------------------------------------|------------------|-----------------------------------|--------------------------------------|------------------|--------------------------------|--|--|
| Sub-Geographic Region | Total (Native/ Non- Native) | Alaska Native | Alaska Native % of Total | Total (Native/ Non- Native) | Alaska Native | Alaska Native % of Total | | |
| Pribilof | 5,149 | 1,109 | 21% | 5,104 | 1,232 | 24% | | |
| Aleutians | 3,013 | 1,167 | 34% | 2,647 | 1,172 | 44% | | |
| Total | 8,162 | 2,276 | 28% | 7,751 | 2,404 | 31% | | |

Table 6 – 4
POPULATION
(By Age, Aleutians and Pribilof)

| | 2000 Po | pulation | 2015 Po | pulation |
|------------|------------|-----------|------------|-----------|
| | Total | | Total | |
| Age Cohort | (Native/ | | (Native/ | % of |
| | Non- | % of | Non- | Total |
| | Native) | Total | Native) | |
| 0 – 9 | 738 | 9% | 603 | 8% |
| 10 – 17 | 655 | 8% | 634 | 8% |
| 18 – 24 | 702 | 8% | 519 | 7% |
| 25 – 54 | 5,301 | 66% | 4,004 | 52% |
| 55 – 65 | 570 | 7% | 1,271 | 16% |
| 65 + | <u>196</u> | <u>2%</u> | <u>719</u> | <u>9%</u> |
| Total | 8,162 | 100% | 7,751 | 100% |
| % change | | | - 5% | |

SURVEY SUMMARY

Aleutians

The survey respondents indicated that almost all of the services for this sub-geographic area are currently provided by the communities and at the Sub-Regional Hub in King Cove. (Survey responses for Outreach services were left blank.)

At the more intensive end of the Continuum spectrum: Mental Health/Drug and Alcohol: Supported Living services were needed in the Rehab and Recovery Services program. All Medical Services were provided by the communities and at the Regional Hub. In Residential Services, Respite and Emergency Foster Care services are needed at the Regional Hub. Only Specialized Vocational Rehab is provided by the communities and at the Regional Hub. (Survey responses for all other Residential Services and Inpatient Services were left blank.)

(For more detailed response summaries, please see Figure 6-2.)

Pribilof

The survey respondents indicated that most of the services for this sub-geographic area are currently provided by the Sub-Regional Hub in Unalaska. Services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Emergency Services and Assessment are mostly needed at the community level and provided at the Sub-Regional Hub. Detox Services is needed in the communities.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services, Medical Services, Residential Services and Inpatient Services, were needed by the communities and mostly provided by the Regional Hub. The respondents expressed a need for more Residential Services (Respite, Foster Homes, and Emergency Foster Care) in the communities. Foster Homes and Emergency Foster Care are provided at the Sub-Regional Hub. (Survey responses for all other Residential Services and Inpatient Services were left blank.)

(For more detailed response summaries, please see Figure 6-3.)



Continuum of Care and Referral Paths

FIGURE 6-2 **SOUTHCENTRAL ALASKA AND ALEUTIANS** (ALEUTIANS) No. of Communities: 7



KEY Currently Provided
Currently Provided, but Inadequate Needed MH (or) DA Mental Health or Drug/Alcohol

IN MOST COMMUNITIES

SUB-REGIONAL HUB [King Cove]

| LEAST INTENSIVE | | | CONTINUUM OF CARE | | | | MOST INTENSIVE | | | |
|-----------------|--|--|---|---|--|---|--|--|--|---|
| | COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES |
| | DA Services only No Response for all other services | No Response | | | | | All Other Services MH/DA: Supported Living | | CP - Specialized Voc Rehab N - Respite and Emergency Foster Care No Response - All Other Services | No Response |
| ;] | DA Services only No Response for all other services | No Response | | | | | All Other Services MH/DA: Supported Living | | CP - Specialized Voc Rehab N - Respite and Emergency Foster Care No Response - All Other Services | No Response |
| | Community Prevention/Education (DA) services are Currently Provided in the communities and at the Sub-Regional Hub. (Surveys were left blank for all other Community Prevention/Education services.) | (Surveys were left blank for all Outreach services.) | Emergency Services are Currently Provided in the communities and at the Sub- Regional Hub. | Detox Services are Currently Provided in the communities and at the Sub-Regional Hub. | Assessment services are Currently Provided in the communities and at the Sub- Regional Hub. | Outpatient (Clinic-Based) Services are Currently Provided in the communities and at the Sub-Regional Hub. | Rehab & Recovery Services (MH/DA: Suported Living) are Needed in the communities and at the Sub-Regional Hub. All other services are Currently Provided in the communities and at the Sub- Regional Hub. | Medical Services are Currently Provided in the communities and at the Sub- Regional Hub. | Residential Services (Specialized Voc Rehab) is Currently Provided in the communities and at the Sub- Regional Hub. Respite and Emergency Foster Care services are Needed in the communities and at the Sub- Regional Hub. (Surveys were left blank for all other Residential Services.) | (Surveys were left blank for all Inpatient Services.) |

2004 Rural Behavioral **Health Needs Assessment**

Continuum of Care and Referral Paths

FIGURE 6-3 SOUTHCENTRAL ALASKA AND ALEUTIANS (PRIBILOF)

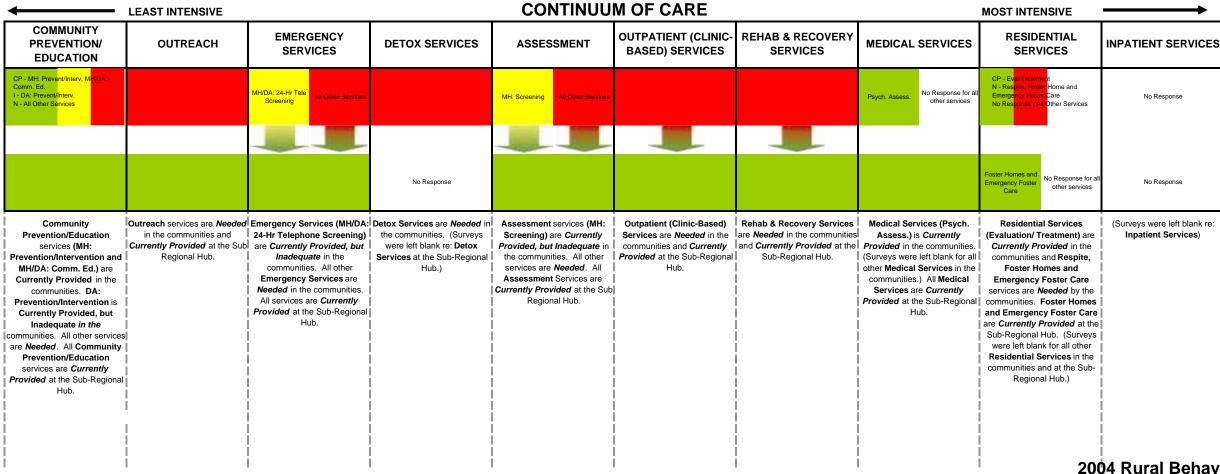
No. of Communities: 6



Currently Provided
Currently Provided, but Inadequate
Needed
MH (or) DA Mental Health or Drug/Alcohol

IN MOST COMMUNITIES

SUB-REGIONAL HUB [Unalaska]



2004 Rural Behavioral Health Needs Assessment

Kodiak

REGION DESCRIPTION

The Kodiak Island area of this region lies 250 miles southwest of Anchorage in the Gulf of Alaska. Commercial fishing and seafood processing are the major industries. This area also serves as a transportation hub for southwest Alaska, and contains a large U. S. Coast Guard base. Communities include Kodiak, Old Harbor, Larson Bay and Port Lions. The island is the home of the Alutiig people.

POPULATION

As shown in Table 6 - 2, Alaska Native comprised 18% of the total population in 2000. In 2015, the are expected to account for some 34% of the total population. This will occur while the total population is decreasing by some 35%. By 2015, there will be fewer children and many more elders.

Table 6 – 5 POPULATION (By Age, Kodiak Area)

| | 2000 Po | pulation | 2015 Population | | |
|------------|---------------------------|-----------|---------------------------|---------------|--|
| Age Cohort | Total (Native/ Non- | % of | Total (Native/ Non- | % of Total | |
| | Native) | Total | Native) | | |
| 0 – 9 | 2,514 | 18% | 1,021 | 11% | |
| 10 – 17 | 2,000 | 14% | 1,110 | 12% | |
| 18 – 24 | 1,158 | 8% | 874 | 10% | |
| 25 – 54 | 6,708 | 48% | 3,811 | 43% | |
| 55 – 65 | 860 | 6% | 1,197 | 13% | |
| 65 + | <u>673</u> | <u>5%</u> | <u>931</u> | <u>10%</u> | |
| Total | 13,913 | 100% | 8,945 | 100% | |
| % change | | | - 35% | | |

SURVEY SUMMARY

The survey respondents indicated that most of the services for this sub-geographic area are currently provided by the Sub-Regional Hub in Kodiak. Services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Emergency Services and Assessment are mostly needed at the community level and provided at the Sub-Regional Hub. Detox Services and Medical Detox (Emergency Services) is needed in the communities. Mental Health services (in both Assessment and Outpatient Services) are adequate in the communities, but provided at the Sub-Regional Hub.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services, Medical Services, Residential Services and Inpatient Services, are mostly provided by the Sub-Regional Hub. (Survey responses for Medical Services, Residential Services and Inpatient Services other than Community Hospitals at the Sub-Regional Hub level were left blank.)

(For more detailed response summaries, please see Figure 6-4.)



Continuum of Care and Referral Paths

FIGURE 6-4 **SOUTHCENTRAL ALASKA AND ALEUTIANS** (KODIAK) No. of Communities: 11



| KEY | | | | | | |
|------------|--|--|--|--|--|--|
| | Currently Provided Currently Provided, but Inadequate Needed | | | | | |
| MH (or) DA | Mental Health or Drug/Alcohol | | | | | |

IN MOST COMMUNITIES

SUB-REGIONAL HUB [Kodiak]

| | LEAST INTENSIVE | | | CONTINUU | M OF CARE | | | MOST INTENSIVE | <u> </u> |
|--|---|--|---|---|--|--|---|---|--|
| COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES |
| | | CP - All Other Services I - MH/DA: Crisis Interv. N - Medical Detox | | DA Services MH Services | DA Services MH Services | All Other Services DA: Day Treatment, SrH-Based Svcs., Supported Living | No Response | No Response | No Response |
| | | CP - All Other Services I - DA: Crisis Interv. N - Medical Detox | | | | CP -All Other Services I - MH: Case Mgmt., DA: Skill Develop. N - DA: Day Treatment, S/H-Based Svcs., Supported Living | | CP - Foster Homes, Emergency Foster Care, Nursing Homes, Specialized Voc Rehab I - Crisis Beds N - All Other Services | Community No Response for all other services |
| Community Prevention/ Education services are Currently Provided by the communities and at the Sub- Regional Hub. | Outreach services are Currently Provided by the communities and at the Sub- Regional Hub. | Emergency Services (MH/DA: Crisis Intervention) are Currently Provided, but Inadequate in the communities and at the Sub-Regional Hub. Medical Detox is Needed in the communities and at the Sub Regional Hub. All other Services are Currently Provided in the communities and at the Sub-Regional Hub. | by the communities and at the Sub-Regional Hub. | Currently Provided, but Inadequate in the communities. DA Services are Currently Provided in the communities. All Assessment services are Currently | (MH) services are Currently Provided, but Inadequate in | School/Home-Based Services and Supported Living) are Needed in the communities and at the Sub-Regional Hub. All other services are | Medical Services are Currently Provided at the Sub Regional Hub. (Surveys were left blank re: Medical Services in the communities.) | Provided, but Inadequate at | (Community Hospitals) are Currently Provided at the Sub Regional Hub. (Surveys were left blank re: Inpatient Services in the communities.) |

2004 Rural Behavioral **Health Needs Assessment**

Kenai

REGION DESCRIPTION

The Kenai/Soldotna Area consists of the Kenai Peninsula Borough, which lies directly south of Anchorage and is divided by Cook Inlet. Homer, Soldotna, and Seward are the major cities and are connected to Anchorage by road. The oil and gas industry is the major employer. Commercial fishing and tourism are other important industries. Alaska Natives in the region are primarily Athabascan and Alutiig Kodiak.

POPULATION

The growing area is expected to increase by 14% between 2000 and 2015. Currently the Native population comprises about 19% of the total population in the area but is expected to decrease to about 9% of the total population. As shown below, the population is expected to shift in age toward older adults and elders.

Table 6 – 6 POPULATION (By Age, Kenai Area)

| | 2000 Po | pulation | 2015 Population | | |
|----------------------|-----------------------------|---------------|-----------------------------|------------|--|
| Ago Cohort | Total | | Total | % of | |
| Age Cohort | (Native/ Non- Native) | % of Total | (Native/ Non- Native) | Total | |
| 0 – 9 | 6,596 | 15% | 5,327 | 11% | |
| 10 – 17 | 6,866 | 16% | 5,165 | 10% | |
| 18 – 24 | 2,993 | 7% | 4,511 | 9% | |
| 25 – 54 | 20,608 | 47% | 19,287 | 38% | |
| 55 – 65 | 3,881 | 9% | 8,907 | 18% | |
| 65 + | 3,281 | <u>7%</u> | 7,303 | <u>14%</u> | |
| Total | 44,225 | 100% | 50,501 | 100% | |
| % Change 2000 - 2015 | | | 14% | | |

SURVEY SUMMARY

The survey respondents indicated that most of the services for this sub-geographic area are currently provided by the Sub-Regional Hub in Kenai. Services that are generally received directly in the communities such as Community Prevention/Education, Outreach and Assessment are mostly provided in the communities and at the Sub-Regional Hub. Detox Services are needed in the communities and at the Sub-Regional Hub. Many of the Emergency Services are inadequate in the communities and at the Sub-Regional Hub. Outpatient Services (Drug and Alcohol) are needed in the communities while mostly provided at the Sub-Regional Hub.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services (Mental Health: Day Treatment, School/Home-Based Services and Drug/Alcohol: Supported Living) are all needed at the Sub-Regional Hub. Many of the Rehab and Recovery Services were reported as needed in the communities. Medical Services are mostly provided in the communities and at the Sub-Regional Hub with Medical Co-morbidity services showing to be inadequate at the Sub-Regional Hub level. Most Residential Services and all Inpatient Services are needed in the communities and at the Sub-Regional Hub. Residential Services (Respite, Foster Home, Emergency Foster Care and Family Teaching Homes) are provided at the Sub-Regional Hub.

(For more detailed response summaries, please see Figure 6-5.)

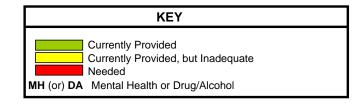


Continuum of Care and Referral Paths

FIGURE 6-5
SOUTHCENTRAL ALASKA AND ALEUTIANS
(KENAI)

No. of Communities: 28





CONTINUUM OF CARE LEAST INTENSIVE MOST INTENSIVE COMMUNITY **EMERGENCY OUTPATIENT (CLINIC- REHAB & RECOVERY** RESIDENTIAL PREVENTION/ OUTREACH **DETOX SERVICES ASSESSMENT MEDICAL SERVICES INPATIENT SERVICES** SERVICES **BASED) SERVICES SERVICES** SERVICES **EDUCATION** CP - All Other Services I - DA: Face-to-Face Asse N - Treatment Planning Medical Co-morbidity

IN MOST COMMUNITIES

SUB-REGIONAL HUB [Kenai]

2004 Rural Behavioral Health Needs Assessment

Anchorage Bowl

For the purposes of this Rural Behavioral Health Needs Assessment, Anchorage was not included as it is considered an "urban" community. Forty percent of all Alaskan residents live in Anchorage, the state's largest city. Anchorage serves as the major transportation hub, shopping area, and healthcare referral site for the entire state. The Municipality of Anchorage Department of Health and Human Services provides the full range of public health services. Athabascan Indians are the traditional residents of this area.

Chugach/Prince William Sound (Valdez/Cordova)

REGION DESCRIPTION

The Valdez-Cordova Census Area on Prince William Sound also includes the communities of Copper Center, Paxson, and Chitina. In addition to oil and shipping, fishing and tourism are the major occupations.

POPULATION

Population in this area is holding steady to 2015, but aging in place. Native population is holding at about 24% of the total population.

Table 6 – 7
POPULATION
(By Age, Chugach/Prince William Sound)

| | 2000 Po | pulation | 2015 Population | | |
|----------------------|--------------------------------------|---------------|--------------------------------------|---------------|--|
| Age Cohort | Total (Native/ Non- Native) | % of Total | Total (Native/ Non- Native) | % of Total | |
| 0 – 9 | 2,105 | 14% | 1,467 | 10% | |
| 10 – 17 | 2,122 | 14% | 1,504 | 10% | |
| 18 – 24 | 1,079 | 7% | 1,234 | 8% | |
| 25 – 54 | 7.766 | 51% | 6,070 | 40% | |
| 55 – 65 | 1,197 | 7% | 2,907 | 19% | |
| 65 + | <u>948</u> | <u>6%</u> | <u>2,137</u> | <u>14%</u> | |
| Total | 15,217 | 100% | 15,319 | 100% | |
| % Change 2000 - 2015 | | | .1 % | | |

SURVEY SUMMARY

The survey respondents indicated that most of the services for this sub-geographic area are currently provided in the communities and at the Sub-Regional Hub in Cordova, but inadequate in the Sub-Regional Hub in Valdez. Services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Emergency Services, Assessment and Outpatient Services are mostly provided in the communities and at the Sub-Regional Hub in Cordova, but inadequate in Valdez. Detox Services are needed in the communities and at the Sub-Regional Hub in Cordova.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services and Medical Services are provided in the communities and at the Sub-Regional Hub in Cordova. Medical Services are mostly provided in the Sub-Regional Hub in Valdez also. Residential Services (Nursing Homes, Foster Homes and Emergency Foster Care) are provided at the Sub-Regional Hub in Cordova. Many of the remaining Residential Services are needed in Cordova as well. Inpatient Services (Community Hospitals and Geriatric Mental Health) are provided at the Sub-Regional Hub in Cordova, but Assessment/Treatment Facility services are needed. Crisis Respite services are inadequate at the Sub-Regional Hub in Valdez, but all other Inpatient Services are provided. (Survey responses for Residential Services and Inpatient Services in the communities were left blank. Responses for Residential Services at the Sub-Regional Hub in Valdez were recorded as "?".)

(For more detailed response summaries, please see Figure 6-6.)



Continuum of Care and Referral Paths

FIGURE 6-6

SOUTHCENTRAL ALASKA AND ALEUTIANS (CHUGACH/PRINCE WILLIAM SOUND)

No. of Communities: 33



| | • | LEAST INTENSIVE | | | CONTINUU | M OF CARE | | | MOST INTENSIVE | |
|----------------------------|---|---|--|---|--|--|---|---|---|--|
| | COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES |
| IN MOST COMMUNITIES | | | | | | | | | No Response | No Response |
| SUB-REGIONAL HUB [Cordova] | | | | | | | | No Response for Medical Co-Morbidity | Nursing Homes, I- Foster Homes, See below Emerg | Community Hospitals, Geriatric MH Assess/Treatment Facility |
| SUB-REGIONAL HUB [Valdez] | | | | | | DA: Face-to-Face Assess, Counseling and Treatment Planning | | No Response for Medical Co-Morbidity | | All Other Services Crisis Respite |
| | Community Prevention/Education Services are Currently Provided in the communities and at the Cordova Sub- Regional Hub. These services are Inadequate at the Valdez Sub-Regional Hub. | Outreach Services are Currently Provided in the communities and at the Cordova Sub-Regional Hub. These services are Inadequate at the Valdez Sub- Regional Hub. | Emergency Services are Currently Provided in the communities and at the Cordova Sub-Regional Hub. These services are Inadequate at the Valdez Sub- Regional Hub. | Detox Services are Needed in the communities and at the Cordova Sub-Regional Hub. These services are Inadequate at the Valdez Sub-Regional Hub. | Assessment Services are Currently Provided in the communities and at the Cordova Sub-Regional Hub. These services are Inadequate at the Valdez Sub Regional Hub. | Outpatient (Clinic-Based) Services are Currently Provided in the communities and at the Cordova Sub- Regional Hub. DA: Face-to- Face Assessment, Counselng and Treatment Planning are Currently Provided in the Valdez Sub-Regional Hub. All other Outpatient Services are Inadequate in Valdez. | Rehab & Recovery Services are Currently Provided in the communities and at the Cordova Sub-Regional Hub. These services are Inadequate at the Valdez Sub- Regional Hub. | Currently Provided in the communities. Pharma. Mgmt. and Psych. Assess. are Currently Provided in the Sub | Regional Hub. Foster Homes and Emergency Foster Care | (Community Hospitals and Geriatric MH) are Currently Provided for the Valdez Sub-Regional Hub. Assess/Treatment Facility services are Needed in Cordova. Crisis Respite services are Needed in Valdez and all other Inpatient Services are Currently Provided in Valdez. (Surveys were left blank for Inpatient Services in the communities.) |
| | | | | | | | | | 20 | । 04 Rural Behavi |
| i | i | | i | i | i | i | i | i | i Health | Needs Assessn |

KEY

Currently Provided
Currently Provided, but Inadequate

Needed

MH (or) DA Mental Health or Drug/Alcohol

Palmer/Wasilla/Talkeetna

REGION DESCRIPTION

The Palmer/Wasilla area which is represented by the census area of the Matanuska-Susitna Borough, is the third largest in the state by both population and area, and is the fastest growing region of the state. Proximity to Anchorage and the road system are major reasons for this growth. The "Mat-Su" also supports a significant amount of agriculture. Most residents live along the road linking Willow and Sutton. Access is possible by road to Anchorage.

POPULATION

While the Native population accounts for only about 9% of the total population for this area, it is expected to increase from 5,300 to 13,700 by 2015 at which point it will account for about 12% of the total population. This is a tremendous increase of nearly 160%. Overall, the total population is expected to increase by 92%. As in other areas, the proportion of children will decrease while the proportion of adults and elderly will increase.

Table 6 – 8
POPULATION
(By Age, Palmer/Wasilla/Talkeetna)

| | 2000 Po | pulation | 2015 Po | pulation |
|----------------------|--------------|-----------|---------------|------------|
| | Total | | Total | |
| Age Cohort | (Native/ | | (Native/ | |
| | Non- | % of | Non- | % of |
| | Native) | Total | Native) | Total |
| 0 – 9 | 9,385 | 16% | 12,997 | 11% |
| 10 – 17 | 9,777 | 16% | 12,582 | 11% |
| 18 – 24 | 4,425 | 7% | 10,419 | 9% |
| 25 – 54 | 27,982 | 47% | 46,578 | 41% |
| 55 – 65 | 4,367 | 7% | 18,835 | 16% |
| 65 + | <u>3,515</u> | <u>6%</u> | <u>13,057</u> | <u>11%</u> |
| Total | 59,451 | 100% | 114,447 | 100% |
| % Change 2000 - 2015 | | | 92% | |

SURVEY SUMMARY

Services that are generally received directly in the communities such as Community Prevention/Education, Emergency Services, Assessment and Outpatient Services are mostly provided, but inadequate in the communities and at the Sub-Regional Hubs in Palmer and Wasilla. Emergency Services (Drug/Alcohol: 24-Hour Telephone Screening and Crisis Intervention) are needed in the communities and at both Sub-Regional Hubs. Detox Services and Emergency Services (Medical Detox) are needed in the communities and at both Sub-Regional Hubs. (Survey responses were left blank for Assessment services, and most of Outpatient Services and Rehab and Recovery Services.)

At the more intensive end of the Continuum spectrum: Most Rehab and Recovery Services were reported as inadequate in the communities and at both Sub-Regional Hubs. Medical Services (Medical Comorbidity) is needed at all levels. Residential Services (Respite, Foster Care, Emergency Foster Care and Semi-Independent Living) are inadequate while all other Residential Services are needed at all



levels. Inpatient Services (Community Hospitals) are provided, but DET Beds and Geriatric Mental Health services are needed in the communities and at both Sub-Regional Hubs.

(For more detailed response summaries, please see Figure 6-7.)



Continuum of Care and Referral Paths

FIGURE 6-7 SOUTHCENTRAL ALASKA AND ALEUTIANS (PALMER/WASILLA/TALKEETNA)

No. of Communities: 29



Currently Provided
Currently Provided, but Inadequate
Needed
MH (or) DA Mental Health or Drug/Alcohol

| | | LEAST INTENSIVE | | CONTINUUM OF CARE MOST INTENSIVE — | | | | | | | | <u> </u> | | | | |
|----------------------------|---|-----------------|-----------------------------------|---|----------------|-----------------------|--|--|--|--|--|--|--|--|--|---|
| | COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMER(SERV | - | DETOX SERVICES | ASSESSMENT | | NT (CLINIC- SERVICES | REHAB & F SERV | | MEDICAL | SERVICES | RESIDE SERV | | INPATIENT | SERVICES |
| IN MOST COMMUNITIES | | No Response | MH: 24-Hr Tele, Crisis Interv. | DA: 24-Hr Tele, Crisis Interv., Medical Detox | | No Response | DA: Face-to-Face Assess, Treatment Planning and Counseling | | MH/DA: Supported Living, DA: Case Mgmt., Skill Develop. | No Response for all other services | Medical Co- morbidity | No Response for all other services | Respite, Foster Homes, Emergency Foster Care and Semi-Independent Living | All Other Services | Community Hospitals | DET Beds and Geriatric MH |
| SUB-REGIONAL HUB [Palmer] | | No Response | MH: 24-Hr Tele, Crisis Interv. | DA: 24-Hr Tele, Crisis Interv., Medical Detox | | No Response | DA: Face-to-Face Assess, Treatment Planning and Counseling | | MH/DA: Supported Living, DA: Case Mgmt., Skill Develop. | No Response for all other services | Medical Co- morbidity | No Response for all other services | Respite, Foster Homes, Emergency Foster Care and Semi-Independent Living | All Other Services | Community Hospitals | DET Beds and Geriatric MH |
| SUB-REGIONAL HUB [Wasilla] | | No Response | MH: 24-Hr Tele, Crisis Interv. | DA: 24-Hr Tele, Crisis Interv., Medical Detox | | No Response | DA: Face-to-Face Assess, Treatment Planning and Counseling | No Response for all other services | MH/DA: Supported | No Response for all other services | Medical Co- morbidity | No Response for all other services | Respite, Foster Homes, Emergency Foster Care and Semi-Independent Living | All Other Services | Community Hospitals | DET Beds and Geriatric MH |
| | Community Prevention/Education Services are Currently Provided, but Indequate in the communities and at both Sub-Regional Hubs. | | | Screening and vention) are vovided, but he communities -Regional Hubs. Telephone g, Crisis and Medical eeded in the hd at both Sub- | | Assessment Services.) | Services (DA Assess, Trea and Coun Currently F Inadequate in and at both Sul (Surveys were other Outpa | a: Face-to-Face tment Planning nseling) are Provided, but the communities b-Regional Hubs e left blank for all | (MH: Supporte Case Mgm Develop.) ar Provided, but the communitie Sub-Regional H | ed Living, DA: t. and Skill re Currently Inadequate in es and at these Hubs. (Surveys ak for all other | morbidity) are communities a Regional Hubs left blank for a | ces (Medical Coe Needed in the and at both Subs. (Surveys were all other Medical vices.) | (Respite, Fos Emergency For Care and Semi | ster Homes, oster Homes i-Independent Currently Inadequate in es and at both dubs. All other Services are | Inpatient (Community I Currently Pro communities an Regional Hubs. Geriatric MH Need | Hospitals) is ovided in the ad at these Sub-DET Beds and services are |

2004 Rural Behavioral Health Needs Assessment

McGrath Area

REGION DESCRIPTION

McGrath is a transportation, communications and supply center for Interior Alaska, with a diverse cash economy. Many residents still rely on wild game and fish for subsistence. Athabascans, Eskimos and Aleuts make up just under half the population of McGrath. Residents rely greatly on air service, and barges deliver heavy cargo in summer months. Airport facilities include the state-owned 5,435-foot paved runway with a 1,700-foot crosswind landing strip and a seaplane base on the Kuskokwim River. There is a boat launch ramp, but no dock here.

POPULATION

Roughly half of the population in the McGrath area is Native. While the total area population is expected to decrease by 6% by 2015, the Alaska Native population will increase by some 43%. By 2015 Natives will comprise 80% of the total population.

Table 6 – 9 POPULATION (By Age, McGrath Area)

| | 2000 Po | pulation | 2015 Po | pulation |
|----------------------|---------------------------|-----------|---------------------------|------------|
| Age Cohort | Total (Native/ Non- | % of | Total (Native/ Non- | % of |
| | Native) | Total | Native) | Total |
| 0 – 9 | 88 | 17% | 52 | 10% |
| 10 – 17 | 88 | 18% | 49 | 9% |
| 18 – 24 | 53 | 8% | 57 | 11% |
| 25 – 54 | 238 | 40% | 204 | 39% |
| 55 – 65 | 59 | 10% | 76 | 15% |
| 65 + | <u>28</u> | <u>8%</u> | <u>84</u> | <u>16%</u> |
| Total | 554 | 100% | 521 | 100% |
| % Change 2000 - 2015 | | | - 6% | |

SURVEY SUMMARY

Services that are generally received directly in the communities such as Community Prevention/Education, Outreach and Emergency Services are needed in the communities and provided, but inadequate at the Sub-Regional Hub in McGrath. Detox Services are needed in the communities and at the Sub-Regional Hub. Assessment and Outpatient Services are needed in the communities and mostly provided at the Sub-Regional Hub.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services (Drug/Alcohol: Skill Development and Day Treatment) are needed in the communities. (Survey responses were left blank for all other Rehab and Recovery Services, all Medical Services, Residential Services and Inpatient Services in the communities.) While Mental Health: Skill Development services are currently provided, School/Home-Based Services and Supported Living are needed at the Sub-Regional Hub. All other Rehab and Recovery Services are inadequate at the Sub-Regional Hub. Medical Services are mostly provided in the communities and at the Sub-Regional Hub. Residential Services (Evaluation/Treatment and Nursing Homes) are provided, but Family Teaching Homes and Respite Group Homes are needed at the Sub-Regional Hub. All Inpatient Services are needed at the Sub-Regional Hub.

(For more detailed response summaries, please see Figure 6-8.)



Continuum of Care and Referral Paths

FIGURE 6-8 SOUTHCENTRAL ALASKA AND ALEUTIANS (MCGRATH)
No. of Communities: 3



KEY Currently Provided Currently Provided, but Inadequate Needed MH (or) DA Mental Health or Drug/Alcohol

IN MOST COMMUNITIES

SUB-REGIONAL HUB [McGrath]

| | —— | LEAST INTENSIVE | | | CONTINUU | M OF CARE | | | MOST INTENSIVE | |
|----|--|---|---|--|--|---|--|---|--|---|
| | COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES |
| | MH: Comm. Ed and Prevent./Interv. All Other Services | | | | | | DA; Skill Develop and Day Treatment No Response for all other services | Medical Co- morbidity No Response For Al Other Services | No Response | No Response |
| | | | | | | | | | | |
| h] | | | | | | DA: Face-to-Face Assess, Treatment Planning and Counseling | CP - MH: Skill Develop I - All Other Services N - MH: S/H-Based Svcs., Supported Living | | Eval/Treatment, Nursing Homes Family Teaching Homes, Respite Group Homes | |
| | Community Prevention/Education (MH: Comm. Ed and Prevention/Intervention) services are Currently Provided in the communities. All other services are Needed in the communities. All services are Currently Provided, but Inadequate at the Regional Hub. | Outreach services are Needed in the communities and Currently Provided, but Inadequate at the Sub-Regional Hub. | Emergency Services are Needed in the communities and Currently Provided, but Inadequate at the Sub- Regional Hub. | Detox Services are <i>Needed</i> in the communities and at the Sub Regional Hub. | Assessment services are Needed in the communities and Currently Provided at the Sub-Regional Hub. | | other services were left blank for the communities.) MH: Skill Develop is Currently | Medical Services (Medical Comorbidity) is Currently Provided by the communities and at the Sub-Regional Hub. (Surveys for all other services were left blank for the communities.) All Medical Services are Currently Provided at the Sub-Regional Hub. | (Eval/Treatment and Nursing Homes) are Currently Provided at the Sub-Regional Hub. All other Residential Services are Needed. (Surveys were left blank for Residential Services at the | Inpatient Services are Needed at the Sub-Regional Hub. (Surveys were left blank for Inpatient Services at the community level.) |

2004 Rural Behavioral **Health Needs Assessment**

Glennallen Area

REGION DESCRIPTION

The Ahtna people have summer fish camps at every bend in the river and winter villages throughout the region. Athabascan Indians represent the primary Alaska Native group. The economy is based on local services and businesses, the National Park offices, and highway-related tourism. Two RV Parks and three river boat charter services operate from Copper Center. Many Native residents depend on subsistence hunting, fishing, trapping and gathering. Several residents hold commercial fishing permits. The Richardson Highway connects Copper Center to Anchorage, Fairbanks and outside year-round. A State-owned 2,500' gravel airstrip provides for chartered flights and general aviation.

POPULATION

Like the McGrath area, this area is not expected to change much in total population. The population of both Natives and Non-Natives is stable.

Table 6 – 10 POPULATION (By Age, Glennallen Area)

| | 2000 Po | pulation | 2015 Po | pulation |
|----------------------|-----------|-----------|-----------|------------|
| | Total | | Total | |
| Age Cohort | (Native/ | | (Native/ | |
| _ | Non- | % of | Non- | % of |
| | Native) | Total | Native) | Total |
| 0 – 9 | 88 | 16% | 58 | 11% |
| 10 – 17 | 88 | 16% | 56 | 11% |
| 18 – 24 | 53 | 10% | 49 | 9% |
| 25 – 54 | 238 | 43% | 213 | 40% |
| 55 – 65 | 59 | 11% | 72 | 14% |
| 65 + | <u>28</u> | <u>5%</u> | <u>79</u> | <u>15%</u> |
| Total | 554 | 100% | 526 | 100% |
| % Change 2000 - 2015 | | | - 5% | |

SURVEY SUMMARY

The survey respondent(s) indicated that almost all of the services for this sub-geographic area are currently provided by the Regional Hub. (Name of Hub was not given.) Residential Services (Respite, Foster Home, Emergency Foster Care, Semi-Independent Living, Residential Crisis Mgmt. and Specialized Drug/Alcohol) are provided at the Hub. (Survey responses were left blank for all other Residential Services and Inpatient Services.)

(For more detailed response summaries, please see Figure 6-9.)



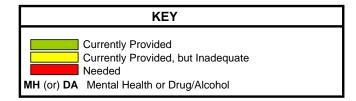
Continuum of Care and Referral Paths

FIGURE 6-9 SOUTHCENTRAL ALASKA AND ALEUTIANS (GLENNALLEN)

MOST INTENSIVE

Hub" name not identified by respondent.)

No. of Communities: 1



LEAST INTENSIVE



| COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES |
|---|---|--|---|---|---|---|----------------------------|---|--------------------|
| | | | | | | | | See below No Response for all other services | No Response |
| Community Prevention/ Education services are Currently Provided for this community at the Regional Hub. ("Regional Hub" name not identified by respondent.) | Outreach services are Currently Provided for this community at the Regional Hub ("Regional Hub" name not identified by respondent.) | Emergency Services are Currently Provided for this community at the Regional Hub ("Regional Hub" name not identified by respondent.) | Detox Services are Currently Provided for this community at the Regional Hub. ("Regional Hub" name not identified by respondent.) | Assessment services are Currently Provided for this community at the Regional Hub ("Regional Hub" name not identified by respondent.) | Outpatient (Clinic-Based) Services are Currently Provided for this community at the Regional Hub. ("Regional Hub" name not identified by respondent.) | Rehab & Recovery Services are <i>Currently Provided</i> for this community at the Regional Hub. ("Regional Hub" name not identified by respondent.) | identified by respondent.) | Residential Services (Respite, Foster Home, Emergency Foster Care, Semi-Independent Living, Res. Crisis Mgmt. and Specialized DA) are Currently Provided for this community at the Regional Hub. ("Regional | |

CONTINUUM OF CARE

Glennallen

2004 Rural Behavioral Health Needs Assessment

REGION 7: BRISTOL BAY

REGION DESCRIPTION

The Bristol Bay Area region consists of two boroughs, Bristol Bay and Lake and Peninsula, and the Dillingham Census Area. Cities include Dillingham, Naknek, and King Salmon. Fishing is the major industry in the region, which is accessible only by air or water. Both Yupik and Alutiiq people live in the region. There are 34 communities in this region.

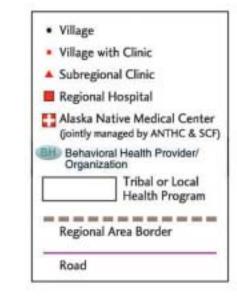
Please see the following page for the map detailing the Bristol Bay Area region.

Table 7 – 1 COMMUNITIES

| | Regional | Sub-Regional Hub | | | |
|----------------------|----------|------------------------------|--------------------------------|-----------------------------|------------------------------|
| Sub-Geographic Areas | Hub | Community | Communities | | • |
| | | Dillingham | Aleknagik | Iliamna | Pedro Bay |
| | | | Chignik | King | Perryville |
| | | | Chignik | Salmon | Pilot Point |
| | | | Lagoon | Kokhanok | Platinum |
| | | | Chignik | Koliganek | Port |
| | | | Lake | Levelock | Heiden |
| | | | Clarks Point | Manokotak | Portage |
| | | | Egegik | Naknek | Creek |
| | | | Ekwok | New | South |
| | | | Goodnews | Stuyahok | Naknek |
| | | | Bay | Newhalen | Togiak |
| | | | Igiugig | Nondalton | ■ Twin Hills |



FIGURE 7-1 BRISTOL BAY



POPULATION

The total population in this area not expected to grow in the next ten years. As in other areas, however, it will age with fewer children and adolescents and much older adults and elderly. Alaska Natives make up the majority of the population.

Table 7 - 2
POPULATION SUMMARY
(By Age)

| | 200 | 2000 Population 2015 Population | | | | | | |
|------------|---------------------------|---------------------------------|--------------------------|---------------------------|------------------|--------------------------------|--|--|
| Age Cohort | Total (Native/ Non- | Alaska Native | Alaska Native % of | Total (Native/ Non- | Alaska Native | Alaska Native % of Total | | |
| | Native) | | Total | Native) | | | | |
| 0-9 | 1,559 | 1,331 | 85% | 966 | 806 | 83% | | |
| 10 - 17 | 1,452 | 1,199 | 82% | 975 | 840 | 86% | | |
| 18 – 24 | 626 | 549 | 89% | 894 | 866 | 97% | | |
| 25 -54 | 5,502 | 2,176 | 39% | 3,375 | 2,660 | 79% | | |
| 55 – 65 | 584 | 395 | 67% | 1,153 | 724 | 63% | | |
| 65 + | <u>447</u> | <u>369</u> | <u>82%</u> | <u>850</u> | <u>565</u> | <u>66%</u> | | |
| Total | 8,170 | 6,020 | 74% | 8,213 | 6,460 | 79% | | |
| % change | | | | 0.5% | 7% | | | |

BEHAVIORAL HEALTH PROVIDERS

There are two behavioral health providers located in Dillingham providing an array of services, but still lacking in some key areas.

Table 7 – 3
SURVEY RESPONDENTS/BEHAVIORAL HEALTH PROVIDERS

| | | | | d) | | St | aff | |
|--|--|--|------------|----------------------|-------|--------------|------------------|----------|
| Behavioral Health Provider | Program (State of Alaska Classification) | Organization | Location | Native or Non-Native | Admin | Professional | Paraprofessional | Clerical |
| Curyung Tribal Council | Family Recovery Camps | Curyung Tribal Council | Dillingham | | | | | |
| Bristol Bay Area Health Corporation | Mental Health Rehabilitation and Treatment | Bristol Bay Area Health Corporation | Dillingham | N | 2 | 9 | 21 | 3 |
| TOTALS | • | • | 1 | | 2 | 9 | 21 | 3 |

Behavioral Health Providers Responding to 2004 Needs Assessment Survey



SURVEY SUMMARY

The survey respondents indicated that most of the services for this region are currently provided by the Regional Hub in Dillingham. Services that are generally received directly in the communities such as Community Prevention/Education, Emergency Services and Assessment are needed at the community level. (Assessment services were shown to be inadequate.) Outreach services were needed in the communities and inadequate at the Regional Hub. (These same services were needed for Children at the Regional Hub.) Detox services are needed in the communities and at the Regional Hub. Outpatient Services are provided at the Regional Hub. All services in this program, except Drug/Alcohol Counseling, are needed in the communities. (DA: Counseling services are inadequate.)

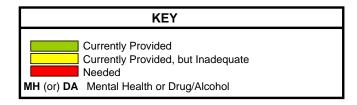
At the more intensive end of the Continuum spectrum: Rehab and Recovery Services, Medical Services, Residential Services and Inpatient Services, were inadequate or needed by the communities and at the Regional Hub. The respondents expressed a need for more Residential Services (Family Teaching Homes, Therapeutic Group Homes, Respite Group Homes and Nursing Homes) at the Regional Hub. No responses were given for Inpatient Services.

(For more detailed response summaries, please see Figure 7-2.)

Continuum of Care and Referral Paths

FIGURE 7-2 **BRISTOL BAY AREA**

No. of Communities: 32





CONTINUUM OF CARE LEAST INTENSIVE **MOST INTENSIVE** COMMUNITY **EMERGENCY OUTPATIENT (CLINIC-REHAB & RECOVERY** RESIDENTIAL **OUTREACH DETOX SERVICES ASSESSMENT MEDICAL SERVICES INPATIENT SERVICES** PREVENTION/ **BASED) SERVICES SERVICES SERVICES SERVICES EDUCATION** IN MOST COMMUNITIES REGIONAL HUB [Dillingham] Outreach services are Needed Emergency Services (24-Hr Detox Services are Needed in Assessment services are Outpatient (Clinic-Based) Rehab & Recovery Services Medical Services (Pharma. Residential Services are Community Prevention/ in the communities. Outreach Telephone Screening) are the communities and at the Currently Provided, but Mgmt.) are Currently Inpatient Services)

(Surveys were left blank re: Services (DA: Counseling) (MH: Individualized Services) Education services are Needed by the communities. Family Teaching Homes, Needed in the communities. Regional Hub. Inadequate in the are Needed in the are Currently Provided, but Provided, but Inadequate in All Community Prevention/ **Needed** at the Regional Hub. communities. MH and DA: communities. All services are communities. All other services Inadequate in the the communities. All other Therapeutic Group Homes, Education services are All other services are Crisis Intervention services Currently Provided at the are Currently Provided, but communities. All other services services are Needed in the Respite Group Homes and Currently Provided at the Currently Provided, but are Currently Provided, but Regional Hub. Inadequate in the are Needed in the communities. Pharma. Mgmt. Nursing Homes are Needed Inadequate at the Regional communities. All services are communities. MH and DA: and Medical Co-morbidity are at the Regional Hub. All other Regional Hub. Inadequate in the communities. Medical Detox Currently Provided at the Day Treatment and | Currently Provided at the | services are Inadequate. is **Needed**. All **Emergency** Regional Hub. School/Home-Based Services Regional Hub. Psych. Assess. services are Currently are *Needed* at the Regional |is *Needed* at the Regional Hub. Provided at the Regional Hub. Hub. All other services are Inadequate.

> 2004 Rural Behavioral **Health Needs Assessment**

REGION 8: SOUTHEAST ALASKA

REGION DESCRIPTION

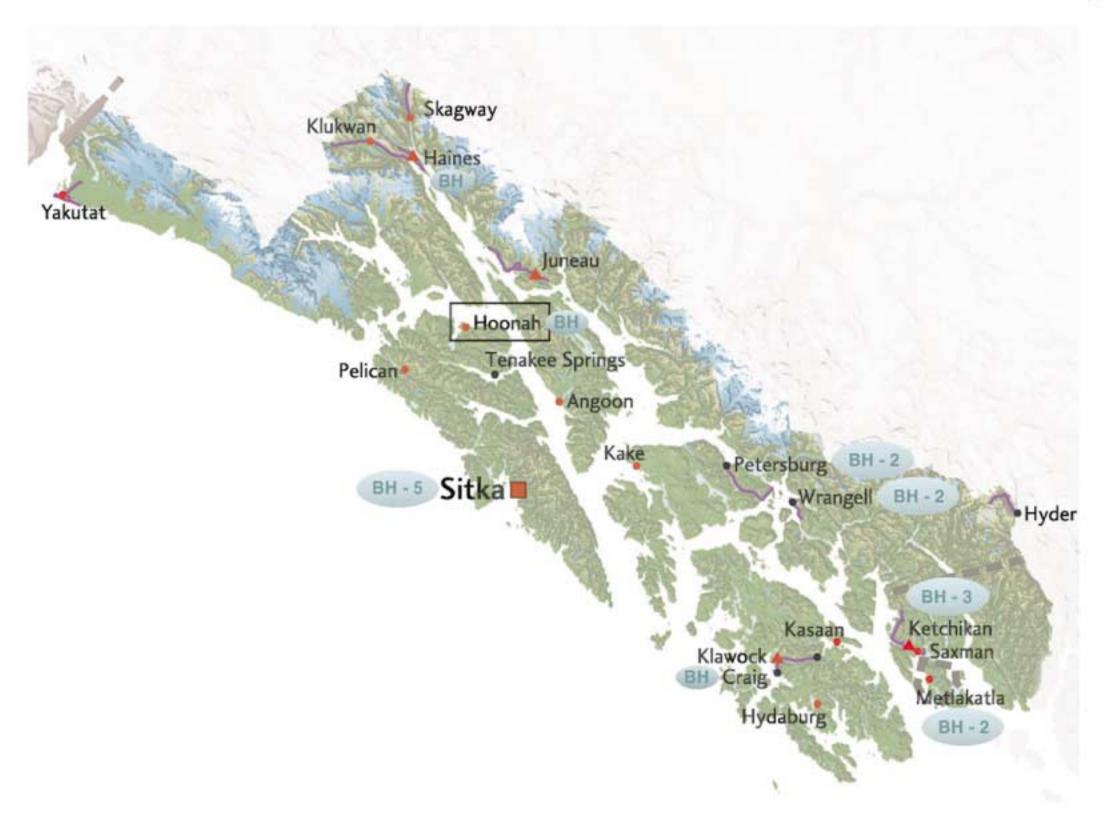
The Southeast Alaska region consists of seven sub-geographic areas. This region consists of the boroughs of Haines, Juneau, Ketchikan, Yakutat, and Sitka, and the census areas Prince of Wales-Outer Ketchikan, Skagway-Hoonah-Angoon, and Wrangell-Petersburg. The region connects to the road system only at Haines and Skagway. Juneau, the state capital, is the third largest city in Alaska. Native Alaskans in Southeast are primarily Tlingit, Haida, and Tsimshian.

Table 8 – 1 COMMUNITIES

| | Regional | Sub-Regional Hub | | | |
|------------------------|-------------|----------------------------|------------------------------|----------------------------|------------------------------|
| Sub-Geographic Areas | Hub | Communities | Communities | | |
| Ketchikan | | Ketchikan | Mud Bay | Saxman | |
| Metlakatla | | Metlakatla | Metlakatla | | |
| Juneau | Juneau (con | sidered "urban") | Juneau City a | and Borough | |
| Wrangell/Petersburg | | Wrangell | Kake | Port | |
| | | Petersburg | | Alexander | |
| Sitka | | Sitka | Sitka | | |
| Prince of Wales | | Hydaburg | Coffman | Hyder | Thorne |
| | | Klawock | Cove | Kasaan | Bay |
| | | | Craig | Naukati Bay | Whale |
| | | | Edna Bay | Point Baker | Pass |
| | | | Hollis | Port | |
| | | | | Protection | |
| Haines/Skagway/Yakutat | | Yakutat | Angoon | Gustavus | Skagway |
| | | | Covenant | Haines | Tenakee |
| | | | Life | Hoonah | Springs |
| | | | Cube Cove | Klukwan | Whitestone |
| | | | Elfin Cove | Lutak | Logging |
| | | | Game | Mosquito | |
| | | | Creek | Lake | |
| | | | | Pelican | |

Please see the following page for the map detailing the Southeast Alaska region and its sub-geographic areas.

FIGURE 8-1 SOUTHEAST ALASKA





POPULATION

On average, the Southeast Alaska region has a Native population of about 26%. That proportion varies considerably by sub-geographic region. The total area is expected to decrease in total population by 2015 by about 9%,

Table 8 – 2
POPULATION SUMMARY
(By Sub-Geographic Region)

| | 200 | 0 Populatio | n | 20 | 15 Population | on |
|-------------------------|---------------------------------|------------------|--------------------------|---------------------------------|------------------|--------------------------|
| Sub Geographic Region | Native and Non- Native | Alaska Native | AN as a % of Total | Native and Non- Native | Alaska Native | AN as a % of Total |
| Ketchikan | 14,070 | 2,690 | 19% | 14,278 | 3,279 | 23% |
| Metlakatla | 1,375 | 1,290 | 93% | 994 | 1,019 | % |
| Wrangel/Petersburg | 6,323 | 1,513 | 24% | 4,883 | 1,175 | 24% |
| Sitka | 8,835 | 2,184 | 25% | 9,303 | 2,300 | 25% |
| Prince of Wales | 4,004 | 1,465 | 37% | 2,893 | 1,127 | 38% |
| Haines/Skagway/Yukatat | 7,764 | 2,110 | 27% | 6,244 | 1,666 | 27% |
| Total | 42,371 | 11,252 | 26% | 38,595 | 10,565 | 27% |
| % Change - 2000 to 2015 | | | | - 9% | - 6% | |

As in other areas of the State, Alaska Natives make up a higher proportion of the younger age groups and a smaller proportion of the older age groups, reflective of the high birth rates and lower average life span.

Table 8 - 3
POPULATION SUMMARY
(By Age, All Areas)

| | 200 | 0 Populatio | n | 2015 Population | | | | |
|----------------------|---------------------------|------------------|--------------------------|---------------------------|------------------|--------------------------------|--|--|
| Age Cohort | Total (Native/ Non- | Alaska Native | Alaska Native % of | Total (Native/ Non- | Alaska Native | Alaska Native % of Total | | |
| | Native) | | Total | Native) | | | | |
| 0-9 | 6,109 | 2,139 | 30% | 4,435 | 1,524 | 34% | | |
| 10 - 17 | 5,902 | 1,839 | 27% | 4,231 | 1,380 | 33% | | |
| 18 – 24 | 3,142 | 1,232 | 33% | 3,030 | 1,109 | 37% | | |
| 25 -54 | 20,007 | 4,341 | 18% | 16,105 | 4,140 | 26% | | |
| 55 – 65 | 3,829 | 847 | 18% | 5,760 | 1,232 | 21% | | |
| 65 + | <u>3,382</u> | <u>854</u> | <u>21%</u> | <u>5,035</u> | <u>1,181</u> | <u>23%</u> | | |
| Total | 42,371 | 11,252 | 22% | 38,595 | 10,565 | 27% | | |
| % Change 2000 - 2015 | | | | - 9% | 11% | | | |

BEHAVIORAL HEALTH PROVIDERS

There are a number of behavioral health providers available in this region offering an array of services. Ketchikan and Sitka are the locations of the majority of the providers, but unlike some of the other geographic areas, there are services in other sub-regional hubs as well.

Table 8 – 4 SURVEY RESPONDENTS/BEHAVIORAL HEALTH PROVIDERS

| | | | | 4. | | St | aff | |
|---|--|---|------------|----------------------|-------|--------------|------------------|----------|
| Behavioral Health Provider | Program (State of Alaska Classification) | Organization | Location | Native or Non-Native | Admin | Professional | Paraprofessional | Clerical |
| Communities Organized for Health Options (COHO) | Mental Health Rehabilitation and Treatment | Communities Organized for Health Options | Craig | NN | 3 | 5 | 3 | 2 |
| Gustavus Family Community Clinic | | Gustavus Family Community Clinic | Gustavus | N | | | | |
| Lynn Canal Counseling Services (Haines) | | Lynn Canal Counseling Services (Haines) | Haines | NN | 2 | 2 | 1 | 1.5 |
| Hoonah Indian Association | Treatment/Outpatient | Hoonah Indian Association | Hoonah | N | | | | |
| City of Ketchikan/Gateway | Mental Health Rehabilitation and Treatment | Gateway Center for Human Services / City of Ketchikan | Ketchikan | NN | 3 | 28 | 7 | 6 |
| Community Connections | Mental Health Rehabilitation and Treatment | Community Connections | Ketchikan | | 1.5 | 2.5 | 13 | .5 |
| Ketchikan Indian Corporation | Treatment/Outpatient | Ketchikan Indian Corporation | Ketchikan | N | | | | |
| Children's Mental Health Services | | Children's Mental Health Services | Metlakatla | | | | | |
| Metlakatla Indian Community | | Metlakatla Indian Community | Metlakatla | N | | | | |
| Petersburg Mental Health Services | Mental Health Rehabilitation and Treatment | Petersburg Mental Health Services | Petersburg | | 1 | 3 | 3 | 1 |
| Changing Tides/Petersburg | Treatment/Outpatient | Changing Tides Counseling Services, Inc. | Petersburg | | | | | |
| Island Counseling Service | | | Sitka | N | | | | |
| N.A.T.I.V.E | Family Recovery Camps | N.A.T.I.V.E., Inc. | Sitka | | | | | |
| SEARHC | Mental Health Rehabilitation and Treatment | SEARHC - Behavioral Health Services Division | Sitka | N | | | | |
| Sitka Mental Health Clinic | Mental Health Rehabilitation and Treatment | Sitka Mental Health Clinic, Inc Dba - Islands Counseling Services | Sitka | | 6 | 5 | 9 | 2 |

Table 8 – 4 (Continued) SURVEY RESPONDENTS/BEHAVIORAL HEALTH PROVIDERS

| | | | | ø | | | Staff | |
|-----------------------------------|--|---|----------|--|------|-------|--------------|------------------------------|
| Behavioral Health Provider | Program (State of Alaska Classification) | Organization | Location | Native or Non-Native | | Admin | Professional | Paraprofessional Clerical |
| Tiovidei | Mental Health | | Location | <u>. </u> | | | | |
| Youth Advocates of Sitka | Rehabilitation and Treatment | Youth Advocates of Sitka | Sitka | | 1 | 3 | 7 | 2 |
| Sitka Treatment and Prevention | Services for Youth/Res and Out | Sitka Prevention and Treatment Services, Inc. | Sitka | | | | | |
| Wrangell Community Services | Mental Health Rehabilitation and Treatment | Wrangell Community Services, Inc. | Wrangell | NN | | | | |
| Avenues/Wrangell | Treatment/Outpatient | Avenues | Wrangell | NN | | | | |
| TOTALS | | | | | 17.5 | 48.5 | 39 | 15 |



Behavioral Health Providers Responding to 2004 Needs Assessment Survey

Descriptions of the Southeast Alaska sub-geographic regions are provided in the following material.

SUBGEOGRAPHIC REGIONS

Ketchikan

REGION DESCRIPTION

Ketchikan is an industrial center and a major port of entry in Southeast Alaska, with a diverse economy. Ketchikan is supported by a large fishing fleet, fish processing facilities, timber and wood products manufacturing, and tourism. Access is by air and sea.

POPULATION

Ketchikan population is projected to be stable in total. By 2015, however, the proportion of Alaska Natives in expected to increase from 19% to 23%. There will be a shift in age group proportions by 2015 wherein there will be few children and adolescents and more older adults and elders.

Table 8 – 5 POPULATION (By Age, Ketchikan Area)

| | 2000 Po | pulation | 2015 Population | | |
|----------------------|----------|----------|-----------------|------------|--|
| | Total | | Total | | |
| Age Cohort | (Native/ | | (Native/ | | |
| | Non- | % of | Non- | % of | |
| | Native) | Total | Native) | Total | |
| 0 – 9 | 2,109 | 15% | 1,836 | 13% | |
| 10 – 17 | 1,855 | 13% | 1,752 | 12% | |
| 18 – 24 | 1,058 | 7% | 1,025 | 7% | |
| 25 – 54 | 6,710 | 48% | 6,359 | 45% | |
| 55 – 65 | 1,229 | 9% | 1,723 | 12% | |
| 65 + | 1,109 | 8% | <u>1,583</u> | <u>11%</u> | |
| Total | 14,070 | 100% | 14,278 | 100% | |
| % Change 2000 - 2015 | | | 1.5% | | |

SURVEY SUMMARY

Services that are generally received directly in the communities such as Community Prevention/Education, Emergency Services, Assessment and Outpatient Services are mostly provided by the Sub-Regional Hub in Ketchikan. Community Prevention/Education (Community Education for Mental Health and Drug/Alcohol, Drug/Alcohol: Peer/Consumer Services and many of the Mental Health services) are still needed. Detox Services and Emergency Services (Medical Detox) are needed in the communities and at the Sub-Regional Hub.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services (Drug/Alcohol: Supported Living, and Mental Health/Drug/Alcohol: Day Treatment and School/Home-Based Services) are needed. Medical Services (Medical Co-morbidity), most Residential Services and Inpatient Services are needed at the Sub-Regional Hub. Inpatient Services (Community Hospitals) are provided.

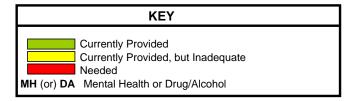
(For more detailed response summaries, please see Figure 8-2.)



Continuum of Care and Referral Paths

FIGURE 8-2 SOUTHEAST ALASKA (KETCHIKAN)

No. of Communities: 3



Service of Communities.

| | LEAST INTENSIVE | | | CONTINUU | M OF CARE | | | MOST INTENSIVE | |
|--|--------------------|---|--|---|--|--|---|---|---|
| COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES |
| DA: Peer/Consumer Comm. Ed., MH: Comm. Ed., Prevent/Interv., Advocacy | | Med Detox | | | | DA: Supported Living, MH/DA: Day Treatment and S/H- Based Svos. | Medical Co- morbidity | See below | Community Hospitals All Other Services |
| Community Prevention/ Education (DA: Peer/Consumer, Comm. Ed., MH: Comm. Ed., Prevention/Intervention and Advocacy/Self-Help) services are Needed in the community. All other services are Currently Provided. | in this community. | Emergency Services (Medical Detox) are Needed in this community. All other services are Currently Provided. | Detox services are <i>Needed</i> in this community. | Assessment services are Currently Provided in this community. | Outpatient (Clinic-Based) Services are Currently Provided in this community. | Rehab & Recovery Services (DA: Supported Living, MH/DA: Day Treatment and School/Home-Based Services) are Needed in this community. All other services are Currently Provided. | Medical Services are Currently Provided in this community, except Medical Co morbidity which is Needed. | Residential Services (Respite Group Home, Family Teaching Homes, Board & Care, Therapeutic Group Home, Crisis Mgmt. and Eval/Referral are Needed in this community. All other services are Currently Provided in this Sub-Regional Hub community. | (Community Hospitals) are Currently Provided in this community. All other services are Needed. |

Ketchikan

2004 Rural Behavioral Health Needs Assessment

Metlakatla

REGION DESCRIPTION

Metlakatla is a traditional Tsimshian community on the federal Annette Island Reserve, with an active economy and subsistence lifestyle. It is the only Indian reservation in Alaska. The community regulates commercial fishing in these waters, and also operates its own tribal court system, including a Tribal Juvenile Court and Tribal Appellate Court. Metlakatla is accessible by air and water.

POPULATION

Metlakatla population is projected to be...

Table 8 – 6 POPULATION (By Age, Metlakatla)

| | 2000 Po | 2015 Po | pulation | |
|----------------------|----------|---------|----------|-------|
| | Total | | Total | |
| Age Cohort | (Native/ | | (Native/ | |
| | Non- | % of | Non- | % of |
| | Native) | Total | Native) | Total |
| 0 – 9 | | | | |
| 10 – 17 | | | | |
| 18 – 24 | | | | |
| 25 – 54 | | | | |
| 55 – 65 | | | | |
| 65 + | | | | |
| Total | | | | |
| % Change 2000 - 2015 | | | | |

SURVEY SUMMARY

The survey respondent indicated that services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Emergency Services, Assessment and Outpatient Services are mostly provided for the community at the Sub-Regional Hub. (The Sub-Regional Hub was not provided by the respondent.) Assessment and Outpatient Services are primarily provided for Adults and Elders. Detox Services (Social Detox) are needed in the community and provided at the Sub-Regional Hub. Medical Detox services are inadequate in the communities. Outpatient services are provided in the Kake community only.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services (MH/DA: Supported Living and DA: School/Home-Based Services) are needed in this community. MH: Case Management and Skill Development services for Adults, and DA: Case Management (Adolescents) and Skill Development are currently provided at the Sub-Regional Hub. DA: School/Home-Based Services and Case Management for Adults/Elders and Individualized Services are inadequate at the Sub-Regional Hub. Medical Services (Psychological Assessment) are needed for this community. All Medical Services for Adolescents, Adults and Elders are provided at the Sub-Regional Hub. Residential Services (Therapeutic Group Homes, Semi-Independent Living and Specialized Drug/Alcohol) are needed for this community. Respite, Foster Homes Services are provided at the Sub-Regional Hub. Therapeutic Group



Homes, Respite Group Homes, Residential Crisis Management and Evaluation/Treatment Services are inadequate at the Sub-Regional Hub. Inpatient Services (Crisis Respite, Assessment/ Treatment) are inadequate for this community. DET Beds and Geriatric Mental Health Services are needed. Community Hospitals and Assessment/ Treatment Services for Children are provided at the Sub-Regional Hub, but Crisis Respite, Assessment/Treatment Services for Adults and Elders and DET Beds are inadequate.

(For more detailed response summaries, please see Figure 8-3.)

Continuum of Care and Referral Paths

FIGURE 8-3 **SOUTHEAST ALASKA** (METLAKATLA)

No. of Communities: 1



KEY Currently Provided
Currently Provided, but Inadequate Needed MH (or) DA Mental Health or Drug/Alcohol

Metlakatla

Sub-Regional Hub [???]

| — | LEAST INTENSIVE | | | CON | UUNITN | M OF C | ARE | | | | MOST INTE | NSIVE | | |
|--|-------------------------------------|--|--|---|---|---|---------------------------------------|--|--|---|--|---|--|--|
| COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSES | SMENT | | NT (CLINIC- SERVICES | REHAB & R SERV | | MEDICAL SERVICE | S 1 | ENTIAL /ICES | INPATIENT | SERVICES |
| No Response | No Response | No Response | Social Detox (Adolescents/Adults/Elders) | MH: Screening and Eval (Adults/Elders) | No Response for all other services/age groups | MH Svcs. (Adults/Elders) | No Response for all other services | MH/DA: Supported Lin Svo | | Psych. Assessnent Only | | mi-Independent Living lized DA | Crisis Respite, Assess/Treatment | DET Beds, Geriatric MH |
| DA Services MH: Comm. Ed. | | MH/DA: Crisis Response, MH: 24- Hr Tele | Outpatient Detox (AISU Clinic) | DA Svcs. | MH Svcs. (MIC Social Svcs.) | | | MH: Case Mgmt./Skill Develop. (Adults), DA: Case Mgmt. (Adol.), Skill Develop. | DA: S/H-Based Svcs., Case Mgmt. (Adults/Elders), Individ. Svcs., | By AISU Clinic (Adolescents thru Elders) | Respite, Foster Homes | Therapeutic GH, Respite GH, Res. Crisis Mgmt., Eval/Treatment | Community Hospitals, Assess/Treatment (Children) | Crisis Respite, Assess/Treatment (Adults and Elders), DET Beds |
| Community Prevention/ Education (DA) services are Currently Provided for this community at the Sub-Regional Hub. MH: Community Education is Inadequate at the Sub-Regional Hub. ("Sub- Regional Hub" name not identified by respondent.) | name not identified by respondent.) | Emergency Services (MH/DA: Crisis Response, MH: 24-Hr Telephone Screening) are Currently Provided for this community at the Sub-Regional Hub. MH/DA: Crisis Intervention is Inadequate at the Sub-Regional Hub. ("Sub- Regional Hub" name not identified by respondent.) | for Adolescents, Adults and Elders are Needed for this community. Outpatient Detox | Adults and Currently Pro community. (\$ blank for othe age groups.) (DA) Services Provided at th Hub and MH Currently Pro | n) services for I Elders are ovided in this Survey was left or services and Assessment are Currently e Sub-Regional Services are ovided through excises. ("Sub-ub" name not | Services (MH) Elders are Provided in t All Outpatien Currently Prov Regional Hub. Hub" name n | Currently nis community. Services are | and DA: Schoo Services) are I community. Managemer | ported Living bl/Home-Based Needed in this MH: Case that and Skill is services for DA: Case (Adolescents) elopment are ided at the Sub-Hub. DA: Based Services and Services are ovided, but at the Sub-("Sub-Regional of identified by | Medical Services (Psyc Assess.) are Needed for community. All Medica Services for Adolescent Adults and Elders are Currently Provided at the Regional Hub. ("Sub-Regi Hub" name not identified respondent.) | his (Therapeutic Semi-Indepense, Semi-Indepense) Sub Foster Home Foster Home Regional Hub Group Homes, Resi Manage Evaluatior Services an Provided, but the Sub-Regional Hub Regional Hub Semi-Regional Hub Sub-Regional Hub Semi-Regional Hub Semi-Regional Hub Sub-Regional Hub Sub-Region Sub | al Services Group Homes, dent Living and A) are Needed unity. Respite, s Services are vided at the Sub . Therapeutic Respite Group idential Crisis ment and uTreatment re Currently t Inadequate at inall Hub. ("Sub- ub" name not respondent.) | Respite, A: Treatment) a Provided, but this communit and Geriatric Services a Community I Assessmen Services for Currently Prov Regional Hu Res Assessmer Services for Currents Assessmer Services for | are Currently Inadequate for ty. DET Beds Mental Health re Needed. Hospitals and tt/ Treatment Children are rided at the Sub ib, but Crisis pite, nt/Treatment r Adults and bet Beds are ("Sub-Regional ot identified by |

2004 Rural Behavioral **Health Needs Assessment**

Wrangell/Petersburg

REGION DESCRIPTION

Wrangell is primarily a non-Native community with a mixture of Tlingit, Russian, British and American historical influences. Logging and fishing have supported the community. Wrangell is accessible by air and water. Petersburg is a community that maintains its mixture of Tlingit and Scandinavian history. It is also accessible by air and water. It is on the mainline State ferry route.

POPULATION

This sub-geographic region is expected to decrease in population by 2015. The proportion of native to non-native will remain about the same, but like the other areas, the population will age.

Table 8 – 7
POPULATION
(By Age, Wrangell/Petersburg Area)

| | 2000 Po | pulation | 2015 Population | | |
|----------------------|------------|----------|-----------------|-------|--|
| | Total | | Total | | |
| Age Cohort | (Native/ | | (Native/ | | |
| | Non- | % of | Non- | % of | |
| | Native) | Total | Native) | Total | |
| 0 – 9 | 909 | 14% | 507 | 10% | |
| 10 – 17 | 995 | 16% | 502 | 10% | |
| 18 – 24 | 371 | 6% | 425 | 9% | |
| 25 – 54 | 2,883 | 46% | 1,883 | 39% | |
| 55 – 65 | 560 | 9% | 856 | 17% | |
| 65 + | <u>605</u> | 10% | <u>710</u> | 14% | |
| Total | 6,323 | 100% | 4,883 | 100% | |
| % Change 2000 - 2015 | | | - 23% | | |

SURVEY SUMMARY

The survey respondents indicated that services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Emergency Services, Assessment and Outpatient Services are mostly provided in the communities and at the Sub-Regional Hubs in Wrangell and Petersburg. Detox Services are needed in the communities and provided at the Sub-Regional Hub in Petersburg. Medical Detox services are inadequate in the communities. Outpatient services are provided in the Kake community only.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services (Drug/Alcohol: Supported Living and School/Home-Based Services) are needed (Mental Health: Supported Living and School/Home-Based Services) are inadequate in the communities. Mental Health and Drug/Alcohol: Day Treatment services are needed at the Sub-Regional Hub in Wrangell. All Rehab and Recovery Services are provided at the Sub-Regional Hub in Petersburg. Most Medical Services are provided in the communities and at the Sub-Regional Hub in Wrangell. (Survey responses were left blank for Medical, Residential and Inpatient Services at the Sub-Regional Hub in Petersburg.) Many Residential Services are needed in the communities and at the Sub-Regional Hub in Wrangell. Inpatient Services (Crisis Respite and DET Beds) are needed in the communities. (Survey responses were left blank for Inpatient Services at the Sub-Regional Hub in Wrangell.)

(For more detailed response summaries, please see Figure 8-4.)



Continuum of Care and Referral Paths

FIGURE 8-4 **SOUTHEAST ALASKA** (WRANGELL/PETERSBURG)
No. of Communities: 5



KEY Currently Provided
Currently Provided, but Inadequate MH (or) DA Mental Health or Drug/Alcohol

| | • | LEAST INTENSIVE | | | CONTINUU | M OF CARE | | | MOST INTENSIVE | |
|-------------------------------|--|--|---|----------------|--|--|---|---|---|--|
| | COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES |
| IN MOST COMMUNITIES | | | MH: 24-Hr Tele, Med Detox | | | Kake Only | MH: Supported Living and S/H- Based Svcs. DA: Supported Living and S/H- Based Svcs. | Psych. Assess. | Foster Home, Emergency Foster Care | CP - Community Hospitals, Geriatric MH N - Crisis Respite, DET Beds No Response for all other services |
| SUB-REGIONAL HUB [Wrangell] | | | | No Response | No Response | | MH/DA: Day Treatment | No Response for Medical Co- morbidity | CP - Respite, Semi-Independent Living I - Foster Home, Emergency Foster Home N - Therapeutic FH, Crisis Beds, Therapeutic GH, Respite Group Homes, Specialized Voc Rehab | No Response |
| SUB-REGIONAL HUB [Petersburg] | | | No Response for all other services | | | | | No Response | No Response | No Response |
| | Community Prevention/Education Services are Currently Provided in the communities and at both Sub-Regional Hubs. | Outreach Services are Currently Provided in the communities and at both Sub- Regional Hubs. | Emergency Services are Currently Provided in the communities and at both Sub- Regional Hubs, except MH: 24 Hr Telephone Screening and Medical Detox is Inadequate in the communities. | | Community Prevention/Education Services are Currently Provided in the communities and at both Sub-Regional Hubs. | Outpatient (Clinic-Based) Services are Currently Provided for the Kake community and at both Sub- Regional Hubs. | Rehab & Recovery Services (MH: Supported Living and School/Home-Based Services) are Currently Provided, but Inadequate in the communities. DA: Supported Living and School/Home-Based Services are Needed in the communities. MH/DA: Day Treatment is Needed at the Wrangell Sub-Regional Hub. All other Rehab & Recovery Services are Currently Provided at the Sub-Regional Hubs. | Assess.) are Currently Provided, but Inadequate in the communities. Pharma. Mgmt. is Currently Provided in the communities and at the Wrangell Sub-Regional Hub. (Surveys were left blank for Medical Co-morbidity in Wrangell and all services in Petersburg.) | Residential Services (Foster Home, Emergency Foster Care) are Currently Provided, but Inadequate in the communities and at the Wrangell Sub-Regional Hub. Respite, Semi-Independent Living, Therapeutic Foster & Group Homes, Family Teaching Homes, Crisis Beds and Residential Crisis Mgmt. are Needed in the Communities. These same Needed services are Needed in Wrangell (except Respite and Semi-Independent Living which are Currently Provided). (Surveys were left blank for these services in Petersburg.) | (Community Hospitals and Geriatric MH) are Currently Provided in the communities. Crisis Respite and DET Beds are Needed. (Surveys were left blank for these services at the Sub-Regional Hubs.) |

2004 Rural Behavioral **Health Needs Assessment**

Sitka Area

REGION DESCRIPTION

Sitka is the only Southeast Alaska port fronting on the Pacific Ocean. By also connecting by water to Southeast Alaska's Inside Passage, Sitka serves as a natural link between overseas ships and domestic trade barge lines. Sitka's marine access is a cost-efficient and safe method of transporting product by barge.

POPULATION

The Sitka area is projected to increase in population slightly over the next 10 years. The proportion of native to non-native will remain constant at about 25% of the total population being native. Here, too, there will be fewer children and adolescents and more older adults and elders.

Table 8 – 8 POPULATION (By Age, Sitka Area)

| | 2000 Po | pulation | 2015 Po | pulation |
|----------------------|----------|----------|----------|----------|
| | Total | | Total | |
| Age Cohort | (Native/ | | (Native/ | |
| _ | Non- | % of | Non- | % of |
| | Native) | Total | Native) | Total |
| 0 – 9 | 1,234 | 14% | 1,012 | 11% |
| 10 – 17 | 1,165 | 13% | 962 | 10% |
| 18 – 24 | 827 | 9% | 771 | 8% |
| 25 – 54 | 4,098 | 46% | 3,771 | 40% |
| 55 – 65 | 767 | 9% | 1,511 | 16% |
| 65 + | 744 | 8% | 1,276 | 14% |
| Total | 8,835 | 100% | 9.303 | 100% |
| % Change 2000 - 2015 | | | 5% | |

SURVEY SUMMARY

Services that are generally received directly in the communities such as Community Prevention/Education, Emergency Services, Assessment and Outpatient Services are mostly provided by the Sub-Regional Hub in Sitka. Emergency Services (Drug/Alcohol: 24-Hour Telephone Screening) are still needed. Detox Services and Emergency Services (Medical Detox) are needed in the communities and at the Sub-Regional Hub.

At the more intensive end of the Continuum spectrum: Rehab and Recovery Services (Drug/Alcohol: Supported Living, and Mental Health/Drug/Alcohol: Day Treatment) are needed. Medical Services, most Residential Services and Inpatient Services are provided at the Sub-Regional Hub. Residential Services (Respite, Evaluation/Referral, Foster Homes and Emergency Foster Care) are needed at this Sub-Regional Hub.

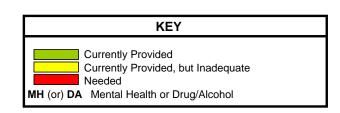
(For more detailed response summaries, please see Figure 8-5.)



Continuum of Care and Referral Paths

FIGURE 8-5 SOUTHEAST ALASKA (SITKA)

No. of Communities: 1



Sitka



| — | LEAST INTENSIVE | | | CONTINUU | M OF CARE | | | MOST INTENSIVE | |
|---|-----------------------------|--|-----------------|--|---|---|---|---|---|
| COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES |
| | | DA: 24-Hr Tele and Medical Detox | | | | DA: Supported Living and MH/DA: Day Treatment | | Respite, Eval/Referrat, Foste Homer, Emergency Foster Care | |
| Community Prevention/ Education services are Currently Provided in this Sub Regional Hub community. | are Currently Provided, but | Emergency Services (DA: 24- Hr Telephone Screening and Medical Detox) are Needed in this Sub-Regional Hub community. All other services are Currently Provided. | this community. | Assessment services are Currently Provided in this Sub Regional Hub community. | Outpatient (Clinic-Based) Services are Currently Provided in this Sub-Regional Hub community. | Rehab & Recovery Services (DA: Supported Living and MH/DA: Day Treatment) are Needed in this Sub-Regional Hub community. All other services are Currently Provided. | Medical Services are Currently Provided in this Sub Regional Hub community. | Residential Services (Respite, Eval/Referral, Foster Homes and Emergency Foster Care) are Needed in this Sub-Regional Hub community. All other services are Currently Provided. | Inpatient Services are Currently Provided in this Sub Regional Hub community. |

2004 Rural Behavioral

Health Needs Assessment

Prince of Wales Area

REGION DESCRIPTION

The Prince of Wales sub-geographic area can be identified by several of its primary communities such as Craig, Klawock and Hydaburg. All of these communities generally maintain a subsistence and commercial fishing lifestyle. The Island is also greatly influenced by logging operations.

- Craig has grown as a service and transportation center for the Prince of Wales Island communities.
- Klawock is a mixed Tlingit and non-Native city. The only airstrip on Prince of Wales Island is located in Klawock. Klawock is dependent on air transportation from Ketchikan, however, it is connected by the Island road system to other communities.
- Hydaburg is the largest Haida village in Alaska. It is accessible by air and water. This community also has an emergency heliport.

POPULATION

The Prince of Wales area population is expected to decrease by about 28% by 2015. Native and nonnative populations will experience the same decrease. The older population will increase significantly, while the younger age groups will decrease, but at a lower rate.

Table 8 – 9
POPULATION
(By Age, Prince of Wales Area)

| | 2000 Po | pulation | 2015 Population | | |
|----------------------|------------|----------|-----------------|-------|--|
| | Total | | Total | | |
| Age Cohort | (Native/ | | (Native/ | | |
| | Non- | % of | Non- | % of | |
| | Native) | Total | Native) | Total | |
| 0 – 9 | 591 | 15% | 293 | 10% | |
| 10 – 17 | 608 | 15% | 305 | 11% | |
| 18 – 24 | 284 | 7% | 242 | 8% | |
| 25 – 54 | 1,906 | 48% | 1,125 | 39% | |
| 55 – 65 | 387 | 10% | 508 | 17% | |
| 65 + | <u>228</u> | 6% | <u>420</u> | 15% | |
| Total | 4,004 | 100% | 2,893 | 100% | |
| % Change 2000 - 2015 | | | - 28% | | |

SURVEY SUMMARY

The survey respondents indicated that most services for this sub-geographic area are currently provided by the Sub-Regional Hubs in Hydaburg and Klawock. Services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Emergency Services, Assessment and Outpatient (Clinic-Based) Services are provided by the Sub-Regional Hubs. (Survey responses were left blank for the communities in this sub-geographic area. Responses for Detox Services, Medical Services and Inpatient Services were left blank for the communities and Sub-Regional Hubs.)

At the more intensive end of the Continuum spectrum: Many Rehab and Recovery Services are provided by the Sub-Regional Hubs. Residential Services (Specialized Drug/Alcohol) are provided by the Sub-Regional Hubs. All other Rehab and Recovery Services and Residential Services responses were left blank.

(For more detailed response summaries, please see Figure 8-6.)



Continuum of Care and Referral Paths

FIGURE 8-6 SOUTHEAST ALASKA (PRINCE OF WALES)

No. of Communities: 13



| KEY | | | | | | | |
|---|--|--|--|--|--|--|--|
| Currently Provided Currently Provided, but Inadequate Needed MH (or) DA Mental Health or Drug/Alcohol | | | | | | | |

| | | LEAST INTENSIVE | CONTINUUM OF CARE | | | | | | MOST INTENSIVE | |
|-----------------------------|--|---|-----------------------|---|-------------|---|--|---|--|--|
| | COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES |
| IN MOST COMMUNITIES | No Response | No Response | No Response | No Response | No Response | No Response | No Response | No Response | No Response | No Response |
| SUB-REGIONAL HUB [Hydaburg] | | | | No Response | | | No Response for MH/DA: S/H-Based Svcs. And Supported Living | No Response | Specialized DA No Response for all other services | No Response |
| SUB-REGIONAL HUB [Klawock] | | | | No Response | | | No Response for MH/DA: S/H-Based Svcs. And Supported Living | No Response | Specialized DA No Response for all other services | No Response |
| | Community Prevention/ Education services are Currently Provided in the Hydaburg and Klawock Sub- Regional Hubs. (Surveys were left blank for these services in the communities.) | Outreach services are Currently Provided in the Hydaburg and Klawock Sub- Regional Hubs. (Surveys were left blank for these services in the communities.) | | (Surveys were left blank for Detox Services .) | | Provided in the Hydaburg and Klawock Sub-Regional Hubs. (Surveys were left blank for | Rehab & Recovery Services are Currently Provided in the Hydaburg and Klawock Sub- Regional Hubs. Surveys were left blank for MH/DA: School/Home-Based Services and Supported Living at the Sub-Regional Hubs. (Surveys were left blank for these services in the communities.) | (Surveys were left blank for Medical Services.) | Residential Services (Specialized DA) are Currently Provided in the Hydaburg and Klawock Sub- Regional Hubs. Surveys were left blank for all other services at the Sub-Regional Hubs. (Surveys were left blank for these services in the communities.) | (Surveys were left blank for Inpatient Services) |

2004 Rural Behavioral Health Needs Assessment

Haines/Skagway/Yakutat

REGION DESCRIPTION

This sub-geographic area is are characterized by the three communities of Haines, Skagway and Yalutat.

- Historically Chilkat Indian territory, Haines is now predominantly a non-Native community. Commercial fishing, timber, government, tourism, and transportation are the primary employers. The Alaska Canadian Highway allows Haines to be connected to the lower 48 and Canada.
- Skagway is predominantly a tourist community, with historical Tlingit influences. The Klondike Highway and Alaska Highway provide a connection through British Columbia and the Yukon Territory, Canada, to the lower 48 states or north to Interior Alaska. Skagway is accessed by air, road, water, and rail services.
- Yakutat's economy is dependent on fishing, fish processing and government. There are scheduled jet flights, air taxis and float plane services to Yakutat. The area maintains a traditional Tlingit culture with influences from the original Eyaks, as well as Russian, English and American traders and miners. Fishing and subsistence activities are prevalent.

POPULATION

The Haines/Skagway/Yakutat area is expected to decrease by nearly 20% over the next ten years with the native and non-native populations staying at about the same proportions (27% native, 73% non-native). Like other areas, there will be fewer children and more elders.

Table 8 – 9
POPULATION
(By Age, Haines/Skagway/Yakutat)

| | 2000 Po | pulation | 2015 Population | | |
|----------------------|------------|----------|-----------------|-------|--|
| | Total | | Total | | |
| Age Cohort | (Native/ | | (Native/ | | |
| | Non- | % of | Non- | % of | |
| | Native) | Total | Native) | Total | |
| 0 – 9 | 1,032 | 13% | 669 | 11% | |
| 10 – 17 | 1,058 | 14% | 596 | 10% | |
| 18 – 24 | 478 | 6% | 471 | 7% | |
| 25 – 54 | 3,822 | 49% | 2,554 | 41% | |
| 55 – 65 | 782 | 10% | 1,031 | 16% | |
| 65 + | <u>597</u> | 8% | <u>923</u> | 15% | |
| Total | 7,764 | 100% | 6,244 | 100% | |
| % Change 2000 - 2015 | | | - 19% | | |

SURVEY SUMMARY

The survey respondents indicated that most of the services for this region are currently provided in the communities and mostly at the Sub-Regional Hub in Haines. Services that are generally received directly in the communities such as Community Prevention/Education, Outreach, Emergency Services, Assessment and Outpatient Services are currently provided at the community level. Some of these community-based programs are inadequate at the Sub-Regional Hub. Detox Services and Emergency (Medical Detox), while provided by the Sub-Regional Hub, are inadequate or needed.



At the more intensive end of the Continuum spectrum: Rehab and Recovery Services are mostly inadequate in the communities and at the Sub-Regional Hub. Medical Services (Psychological Assessment) are provided while Pharmacological Management and Medical Co-morbidity services are inadequate in the communities. All Medical Services and most Residential Services are needed at the Sub-Regional Hub. Most Residential Services are also needed in the communities. Inpatient Services are needed in the communities. (Survey responses were left blank for Inpatient Services at the Sub-Regional Hub.)

(For more detailed response summaries, please see Figure 8-7.)

Continuum of Care and Referral Paths

FIGURE 8-7 SOUTHEAST ALASKA (HAINES/SKAGWAY/YAKUTAT)

No. of Communities: 15



Currently Provided
Currently Provided, but Inadequate
Needed
MH (or) DA Mental Health or Drug/Alcohol

IN MOST COMMUNITIES

SUB-REGIONAL HUB [Haines]

| — | LEAST INTENSIVE CONTINUUM OF CARE | | | | | | MOST INTENSIVE | | |
|--|---|--|---|--|--|--|---|--|--|
| COMMUNITY PREVENTION/ EDUCATION | OUTREACH | EMERGENCY SERVICES | DETOX SERVICES | ASSESSMENT | OUTPATIENT (CLINIC- BASED) SERVICES | REHAB & RECOVERY SERVICES | MEDICAL SERVICES | RESIDENTIAL SERVICES | INPATIENT SERVICES |
| | | | No Response | | | MH/DA: Case Mgmt., Skill Develop, Individ. Svcs. | Pharma. Mgmt. and Medical Co- morbidity | See below No Response for all other services | |
| DA: Advocacy/Self- Help | | CP - MH/DA: Crisis Response 1- MH: Crisis Interv. & 24-Hr Tele N - All Other Services | Outpatient Detox Social Detox | | All Other Services MH: Face-to-Face Assess | CP - MH/DA: Skill Develop, Individ. Svcs., DA: Case Mgmt. I - MH: Case Mgmt. N - All Other Services | | Respite, Emergency Foster Care, Therapeutic Group Home | No Response |
| Community Prevention/ Education services are Currently Provided in the communities and all services, but DA: Advocacy/Self-Help at the Sub-Regional Hub. | Outreach services are Currently Provided in the communities and at the Sub- Regional Hub. | Emergency Services are Currently Provided in the communities. MH/DA: Crisis Response services are Currently Provided at the Sub Regional Hub. MH: Crisis Intervention and 24-Hr Telephone Screening services are Inadequate at the Sub- Regional Hub. All other services are Needed. | Detox is Needed. (Surveys were left blank for Detox Services in the communities.) | Assessment services are Currently Provided in the communities and at the Sub- Regional Hub. | Outpatient (Clinic-Based) Services are Currently Provided in the communities. MH: Face-to-Face Assessment services are Currently Provided, but Inadequate at the Sub- Regional Hub. All other services are Currently Provided. | Rehab & Recovery Services (MH/DA: Case Management, Skill Development and Individualized Services) are Currently Provided in the communities and at the Sub- Regional Hub. All other services are Inadequate in the communities. MH: Case Management is Inadequate at the Sub-Regional Hub and all other services are Needed at the Sub-Regional Hub. | Assess.) are Currently Provided in the communities. Pharma. Mgmt. and Medical Co-morbidity services are Inadequate in the communities. All Medical Services are Needed at the Sub-Regional Hub. | Residential Services (Respite Group Homes, Residential Crisis Mgmt., Specialized DA, Eval/Treatment, Nursing Homes, Pioneers Homes and Specialized Voc Rehab) are Needed in the communities. Respite, Emergency Foster Care and Therapeutic Group Homes are Needed at the Sub Regional Hub. (Surveys were left blank for all other Residential Services in the communities and at the Sub-Regional Hub.) | Needed in the communities. (Surveys were left blank for Inpatient Services at the Sub- Regional Hub.) |

2004 Rural Behavioral Health Needs Assessment

APPENDICES



APPENDIX A

ALASKA BEHAVIORAL HEALTHCARE NEEDS ASSESSMENT Contractor's Scope of Work

PURPOSE

The Behavioral Healthcare Needs Assessment (Assessment) shall address the adequacy of service of behavioral health programs and facilities for all rural communities (as identified in the community profile data bases maintained by the Alaska Department of Community and Economic Development) that are being served; under served; or not being served. The goal is to document by community, regional area and State, the current and future (CY 2015) total unmet behavioral healthcare needs for our residents that live in rural areas.

Behavioral healthcare is a critical subset of the overall healthcare delivery system in Alaska. Inadequate programs, services and facilities thus limit the quality and scope of health care; likewise, inadequate health care elements and resources including workforce development, logistics, reimbursement, etc., limit available health care. Therefore, foremost in the conduct of the parties in carrying out this scope of work is a recognition that health care infrastructure augments health care delivery. Ancillary issues contributing to the fulfillment or lack of fulfillment of service delivery shall also be identified in this Assessment.

The Assessment will solicit and seek available information on public, private and federal sector behavioral healthcare providers, programs and facilities, or lack thereof. Additionally, the Assessment must be conducted in such a manner that information and findings can be used in the Indian Health Service Health Services and Facility Master Plan. Thus, a collaborative effort between the State of Alaska - Departments of Health & Social Services and the Divisions of Behavioral Health and Public Health (DHSS) and its other divisions, the Denali Commission (Commission), Alaska Mental Health Trust and the Alaska Native Tribal Health Consortium (ANTHC) must be maintained.

DEFINITIONS & EXPECTATIONS

- Definition of Established Levels of Service Existing standards are to be jointly identified by DHSS, Denali Commission and ANTHC for behavioral health services, programs, facilities and other requirements. These existing standards will serve as a "point-of-departure" for baseline measurement and comparison with the needed improvements to existing services, programs and facilities.
- 2. Community Level Assessment Identify Statewide: communities and regional areas with adequate, inadequate, or without any behavioral health services, programs and facilities. Urban and rural will be defined based on the "Levels of Community Health Planning in Alaska" from the Alaska Rural Health Plan.
- 3. Existing Health Care System Assessment Due to the nature of this Assessment, it is expected that the contractor will be required to travel to urban-population and some rural-population centers to conduct on site reviews. In addition, information will be collected from existing data and questionnaires circulated to key informants.
- 4. Service Categories The service category to be targeted: rural populations inclusive of all Mental Health Trust Beneficiaries at all Native and non-Native rural locations.



GOALS & DELIVERABLES

Answers to the findings and proposed conclusions will be used to develop a comprehensive final report as outlined in the Purpose section above. The specific form and content of the report will be jointly defined by the Oversight Committee before publication to meet the needs for timeliness of crucial information and to provide the best basis for developing a comprehensive plan with elements outline below. Every effort will be made to deliver findings in a timely and efficient manner. Overall, the report will provide information needed for developing a comprehensive planning document that will service the State, Tribal Health System and other stakeholder groups.

1. Findings - the Assessment findings must provide at minimum, the following:

Service Delivery

- An inventory of all existing behavioral health positions, either filled or vacant by site;
- A description of the existing and proposed job functions and responsibilities (licensure or credentials) by site;
- Descriptions of the level of service with identification of any gap(s) in service for each area out to 2015
- Identifying any planned program expansion of service:
- Identifying any current billable activities and sliding fee scales; and
- Descriptions and documentations of the referral patterns inclusive of the overall service capacity including villages, sub regional clinics, regional, urban, itinerant services, e.g., who is doing what, where or where patients are moved to.
- Service profiles by provider;
- Referral pathway;
- Admission and/or acceptance criteria;
- Discharge and/or rejection criteria;
- Service by target groups:
 - 1. Number of children and adults served/not served by community and region
 - 2. Service or level of care received
 - Residential, outpatient, other
 - 3. Waiting list candidate; length of time, purpose etc.
 - 4. Actual behavioral health services available in the community
 - 5. Services integrated as part of primary care
 - 6. Referral patterns
 - 7. Inventory of services provided by each Agency
- Document the workload, indicating the source of the data, for each of the groups by location, included in the study; and
- Identify existing program space using survey methods
- 2. The Assessment findings and subsequent database must lead investigators to conclusions that can produce and/or answer, at minimum, the following:

Study Outcomes

- A demographic analysis of the population age structure and the projected growth;
- Using the 2000 population and the methodology for determining the native population as provided by the ANTHC statistician, projections for year 2010 and 2015 for each of the groups, by location;
- Estimate of reimbursement capture for services;
- An analysis of the gaps in services by community for the existing and future system of care:
- An analysis of core facilities space required to provide existing services and core space required to close the gap in services;



- Validation of existing services; (What does this mean?) I assume they mean are the
 existing ones valid for the identified problems—I would phrase this as effective rather than
 valid
- Projection of unmet needs based on the population and services for the study area;
- Projection should include both the projected staff and facility needs;
- Program core-space guidelines will be developed for each level of service;
- Recommendations:
 - 1. Provide potential recommendation for "the model(s)" which could be accomplished in 12 months (near term)' 12-36 months (short term); and greater than 36 months (long term);
 - 2. Provide model(s) for Evidenced Based Practices located in rural and urban Alaska, which address access, are efficient, and promote cost savings and have a quality of outcome.

LOGISTICS

- Assessment Tools: Utilize and enhance existing assessment tool(s) and methodology on which to base a CY2015 plan to address rural behavioral healthcare system requirements. The tools will address programmatic, facility and other needs as outlined in the above.
- Stakeholder Participation: An oversight team comprised of ANTHC, the Commission, Alaska Mental Health Trust and DHHS shall collaboratively participate in this endeavor. Recognizing the enormity of this Assessment, it is expected that ANTHC, the Commission, Alaska Mental Health Trust and the State will engage their respective stakeholders in support of this effort. The contractor is expected to participate in Stakeholder meetings and provide report information as required/needed.
- 3 <u>ANTHC Work-Plan and Budget</u>: All parties including contractor are committed to completing the project within budget; and required to develop a suitable work-plan that meets or exceeds the general schedule timelines listed in #4.
- 4 General Schedule Timelines: All parties including contractor are committed to meeting the milestones as outlined below. (DATES STILL IN DRAFT)

| Anticipated Activity or Report | Approximate Delivery Date | Issues Addressed |
|---|---------------------------|---|
| Review & formalize the Scope of Work with large stakeholder groups | 1/04 – 3/15 | Intent, scope, anticipated site visits, resources, workplan |
| Develop and initiate survey process | 3/15 to 3/31 | |
| Preliminary analysis; clarifications obtained; 1 st draft of completed study | 4/1 to 7/1 | |
| Final draft and presentations to stakeholders | 7/1 to 10/1 | |
| Final formal document preparation & submittal | 10/1 to 10/31 | |

APPENDIX B

Rural Behavioral Health Assessment Stakeholder Group

Alaska Native Tribal Health Consortium

Charles Fagerstrom, Extended and Residential Care Services Scott Prinz, Community Health Services Donna Pederson, Health Services/Facilities Planner Rick Boyce, Health Facilities Director Roger Marcil, Small Clinic Program

Department of Health and Social Services

Kathy Craft, Office of Program Review

Mental Health Trust

Jeff Jessee, Executive Director Bill Herman, Trust Program Officer

University of Alaska, Fairbanks

Victoria Foote, Associate Director

Department of Public Health

Kathryn Cohen, Health and Social Services Planner Erin Tolles, Health and Social Services Planner

Denali Commission Representative

Denali Daniels, Program Manager (Behavioral Health)



Alaska Native Tribal Health Consortium

Community Health Services 4141 Ambassador Drive, Suite 127

Anchorage, Alaska 99508

907-729-4499 **Fax** 907-729-4593

Cover Letter for Tribal Organizations

April 6, 2004

Re: Assessment of Needs for Rural Community Behavioral Health Services

| Dear, |
|---|
| Together, we have an opportunity to improve tribal access to behavioral health services throughout Alaska. However, we need your help to make this opportunity a reality. Our rural communities have tremendous unmet need for behavioral health services, and the information you can provide about the communities you serve will help us obtain funds to expand and improve these services to these communities. |
| The Denali Commission, State of Alaska, Alaska Mental Health Trust Authority, and Alaska Native Tribal Health Consortium recognize the critical importance of behavioral health services. We are partnering to identify the need for services and facilities in rural Alaska, and are working to obtain funds to improve rural access services. |
| We are surveying the tribal programs over the next few weeks, and we're asking for your participation. The enclosed surveys are designed to assess each of the communities you serve. I will call you as a follow-up for this survey packet and answer any questions you have about your participation in this process. |
| Please help us complete this important assessment, as the initial stepping stone in providing better behavioral health services to our children, our families and our communities. |
| You can reach me at 907-729-4499 or fax 907-729-4593 if you have any question. My email address is <u>afunok@anmc.org</u> . Thank you in advance for your time and cooperation in this effort |
| Sincerely, |
| Alberta Unok Community Health Services |
| Enclosures |



Alaska Native Tribal Health Consortium

Community Health Services 4141 Ambassador Drive, Suite 127 Anchorage, Alaska 99508

907-729-4499 **Fax** 907-729-4593

Cover Letter for Non-Native Organizations

April 6, 2004

Re: Assessment of Needs for Community Behavioral Health Services

Together, we have an opportunity to improve access to behavioral health services throughout Alaska. However, we need your help to make this opportunity a reality. Our communities have tremendous unmet need for behavioral health services, and the information you can provide about the communities you serve will help us obtain funds to expand and improve these services to your communities.

The Denali Commission, State of Alaska, Alaska Mental Health Trust Authority, and Alaska Native Tribal Health Consortium recognize the critical importance of behavioral health services. We are partnering to evaluate the line of resources and program activity to improve continuum of care for State Division of Behavioral Health.

The enclosed surveys are designed to assess each of the communities you serve. I will call you as a follow-up for this survey packet and answer any questions you have about your participation in this process.

Please help us complete this important assessment, as the initial stepping stone in providing better behavioral health services to our children, our families and our communities.

You can reach me at 907-729-4499 or fax 907-729-4593 if you have any questions. My email address is <u>afunok@anmc.org</u>. Thank you in advance for your time and cooperation in this effort.

Sincerely,

Alberta Unok
Community Health Services

Enclosures



Alaska Native Tribal Health Consortium

Community Health Services 4141 Ambassador Drive, Suite 127 Anchorage, Alaska 99508

907-729-4499 **Fax** 907-729-4593

Cover Letter for Native Organizations

April 6, 2004

Dear _____,

improve these services to these communities.

Re: Assessment of Needs for Rural Community Behavioral Health Services

| Together, we have an opportunity to improve tribal access to behavioral health services |
|---|
| throughout Alaska. However, we need your help to make this opportunity a reality. Our rural |
| communities have tremendous unmet need for behavioral health services, and the information |
| you can provide about the communities you serve will help us obtain funds to expand and |

The Denali Commission, State of Alaska, Alaska Mental Health Trust Authority, and Alaska Native Tribal Health Consortium recognize the critical importance of behavioral health services. We are partnering to identify the need for services and facilities in rural Alaska, and are working to obtain funds to improve rural access services.

We are surveying the tribal programs over the next few weeks, and we're asking for your participation. The enclosed surveys are designed to assess each of the communities you serve. I will call you as a follow-up for this survey packet and answer any questions you have about your participation in this process.

Please help us complete this important assessment, as the initial stepping stone in providing better behavioral health services to our children, our families and our communities.

You can reach me at 907-729-4499 or fax 907-729-4593 if you have any question. My email address is afunok@anmc.org. Thank you in advance for your time and cooperation in this effort.

Sincerely,

Alberta Unok
Community Health Services
Enclosures



Alaska Native Tribal Health Consortium

Community Health Services 4141 Ambassador Drive, Suite 127 Anchorage, Alaska 99508

907-729-4499 **Fax** 907-729-4593

2004 NEEDS ASSESSMENT SURVEY FOR ALASKA COMMUNITY BEHAVIORAL HEALTH SERVICES

SURVEY BACKGROUND

The Denali Commission, State of Alaska, Alaska Mental Health Trust Authority and Alaska Native Tribal Health Consortium have come together to encourage and support the assessment of the current need for behavioral health services in the tribal communities of Alaska. The information gathered by this survey instrument will be used to propose services and solicit funding to meet those needs.

We need your help. This survey is being conducted to help the tribes evaluate behavioral health service needs. The survey activity will be done over the next few weeks, and we're asking for your participation. The survey is designed to help assess each of the communities you serve.

Please help us complete this important effort, as it is an initial stepping stone in providing better behavioral health services to our children, our families and our communities.

HOW TO COMPLETE THIS SURVEY:

A 2-page survey has been included in this packet for each community you serve. (1 blank survey copy is also included if you need to include additional communities.)

For each age bracket, please fill in the blanks as follows:

- 1. Please indicate which programs and services are <u>currently provided</u> for this community by indicating "**CP**" in the appropriate box below.
- 2. Please indicate which programs and services are <u>needed</u> by this community by indicating "**N**" in the appropriate box below.
- 3. Please indicate which programs and services are <u>currently provided BUT inadequate</u> for this community by indicating "I" in the appropriate box below.

If the program or service is not applicable (not provided or needed by this community), please leave the space blank.

QUESTIONS?

Please contact Alberta Unok at (907) 729-4499 or email her at afunok@anmc.org if you have further questions.

Thank you for your time and participation.



RURAL FACILITIES AND BEHAVIORAL HEALTH NEEDS ASSESSMENT CONTINUUM OF CARE PROGRAMS/SERVICES DEFINITIONS

- Community Prevention/Education Community interventions and education that ward off
 the initial onset or risk of a substance use or mental disorder or emotional or behavioral
 problem, including prevention of co-occurring substance use and mental health disorder.
 Community prevention/education examples include peer/consumer and client support
 services; community education; advocacy/self-help; and prevention.
- 2. **Outreach** Facilitate entry into treatment or meeting the individual within their community, job, home or school setting to engage in treatment or support services for either a substance use or mental disorder or for those individuals experiencing co-occurring mental health and substance use disorders.
- 3. Emergency Services are provided in a crisis situation during an acute episode of a substance use, mental, emotional or behavioral disorder. Emergency services are intended to reduce the symptoms of the disorder; prevent harm to the recipient or others; prevent further relapse or deterioration of the recipient's condition; or stabilize the recipient. Inpatient Medical Detox is also included in this section. This level of detoxification provides the highest level of monitoring. Placement criteria is defined by the presence of high risk factors for complicated withdrawal: high risk biomedical complications, psychiatric or behavioral complications.
- 4. Detoxification Services Detoxification is a process involving multiple procedures for alleviating the short-term symptoms of withdrawal from drug dependence. The immediate goals of detoxification are 1) to provide a safe withdrawal from the drug(s) of dependence and enable the client to become drug free; 2) to provide withdrawal that is humane and protects the client's dignity; and 3) prepares the client for ongoing treatment of AOD dependence.
 - Social Detox: This is a model of detoxification that requires no medication, and allows the client to withdraw from abused chemicals in a safe environment.
 - Outpatient Detox: The client is at minimal risk from severe withdrawal, that requires moderate levels of medication and monitoring.
- 5. Assessment A face-to-face, computer-assisted, or telephone interview with the person served to collect information related to his or her history and needs, preferences, strengths, and abilities in order to determine the diagnosis, appropriate services, and/or referral for services to address substance use and or mental disorders. The type of assessment is determined by the level of entry into services and the qualified staff delivering the service: Intake Assessment, Drug/ Alcohol Assessment, Psychiatric Assessment, Psychological Assessment, Neuro-Psychological Testing and Evaluation.
- 6. Outpatient (Clinic-Based) Services Refers to a range of facility based behavioral health services that can include assessment, individual, family, and group therapy. These services are designed to treat substance use disorders, mental illness, behavioral maladaption, or other problems: to remove, modify, or retard existing symptoms, attenuate or reverse disturbed patterns of behavior and promote positive recovery, rehabilitation and personality growth and development.

Note: Screening differs from assessment in the following ways:



- Screening is a process for evaluating the possible presence of a particular problem
 Assessment is a process for defining the nature of that problem and developing specific treatment recommendations for addressing the problem.
- 7. Rehabilitation and Recovery Services Refers to a range of services that are available to clients who meet criteria based on levels of functioning in multiple spheres. Services can include a functional assessment, case management, individual/family/group skill development, and recipient support services. A functional assessment assists the client in identifying areas of need in developing a treatment plan. Case management services assist the recipient in accessing and coordinating needed services, such as medical, substance use, psychiatric, and behavioral health care. Skill development services help the recipient develop or improve specific self-care skills, self-direction, communication and social interaction skills necessary for successful community adjustment and interaction with persons in the recipient's home, school, work, or community environment. Recovery is a treatment philosophy that provides the framework of service delivery. A recovery model offers hope that the restoration of a meaningful life is possible and achievable.
- 8. **Medical Services -** Refers to a range of behavioral health services that are delivered by trained medical staff, and can include psychiatric assessment and pharmacological management, and medical co-morbidity.
- 9. Residential Services is a licensed 24 hour facility (not licensed as a hospital) which offers behavioral health services which include treatment for substance use disorders; settings ranges from structured settings, resembling psychiatric hospitals or drug/alcohol treatment facilities, to those that are more like group homes or halfway houses; therapeutic foster care and foster care. Respite, foster homes, emergency foster care, semi-independent living, therapeutic foster care, family teaching homes, crisis beds, board and care homes, therapeutic group homes, staff-secure crisis/respite group homes, residential case management specialized drug/alcohol, evaluation/treatment, nursing homes, pioneer homes, specialized vocational rehabilitation.
- 10. Inpatient Services Inpatient hospitalization is the most restrictive type of care in the continuum of behavioral health services; it focuses on ameliorating the risk of danger to self or others in those circumstances in which dangerous behavior is associated with a substance use or mental disorder. Facility-based crisis respite, community hospitals, Designated Evaluation and Treatment (DET) beds, Alaska Psychiatric Hospital (API), geriatric mental health, and assessment/treatment facility.

| | Your Name: | | | | | | | | | | _ | Title: | | | | | | | | | |
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| EXAMPLE: | Inpatient Services | CP | N | - 1 | CP | | | | | | | | | | | | | | | | |
| PROGRAM/SER | VICES | | | | | | | | | | | | | | | | | | | | |
| | Mental Health | | | | | | | | | | | | | | | | | | | | |
| | Advocacy/Self-Help | | | | | | | | | | | | | | | | | | | | |
| | Prevention/Intervention Community Education | | | | | | | | | | | - | | | | | | | | | |
| | Peer/Consumer/Client Support Svcs | | | | | | | | | | | - | | | | | | | | | |
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| Education | Prevention/Intervention | | | | | | | | | | | | | | | | | | | | |
| | Community Education | | | | | | | | | | | | | | | | | | | | |
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| | Outreach Services | | | | | | | | | | | | | | | | | | | | |
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| | Mental Health | | l | | | | | İ | İ | | | | | İ | | | | | l | | |
| | Crisis Response | | | | | | | | | | | | | | | | | | | | |
| | 24-Hour Telephone Screening/Assessment/Triage | | | | | | | | | | | | | | | | | | | | |
| Emergency | Crisis Intervention and Stabilization | | | | | | | | | | | | | | | | | | | | |
| | Drug/Alcohol Crisis Response | | | | | | | | | | | | | | | | | | | | |
| Services | 24-Hour Telephone Screening/Assessment/Triage | | | | 1 | | | | | | | - | | | | | | 1 | | | |
| | Crisis Intervention and Stabilization | | | | | | | | | | | | | | | | | | | | |
| | Medical Detox | | | | | | | | | | | | | | | | | | | | |
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| Detoxification | Social Detox Outpatient Detox | | | | | | | | | | | | | | | | | | | | |
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| | Mental Health | | | | | | | | | | | | | | | | | | | | |
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| | Evaluation/Referral | | | | | | | | | | | | | | | | | | | | |
| Assessment | Drug/Alcohol Screening | | | | | | | | | | | | | | | | | | | | + |
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| | Mental Health | | | | | | | | | | | | | | | | | | | | |
| | Face-To-Face Assessment and Triage | | | | | | | | | | | | | | | | | | | | |
| | Treatment Planning Counseling (Individually, Group) | | 1 | - | - | | _ | 1 | 1 | <u> </u> | | | | | | | | - | 1 | - | |
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| • | Treatment Planning | | | | | | | | | | | | | | | | | | | | |
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| | Mental Health | | | | | | | | | | | | | | | | | | | | |
| | Case Management Skill Development | | | | | | | | | | | - | | | | | | | | | |
| | Day Treatment | | | | | | | | | | | - | | | | | | | | | |
| | School/Home-Based Services | | | | | | | | | | | | | | | | | | | | |
| | Supported Living | | | | | | | | | | | | | | | | | | | | |
| Rehabilitation and | Individualized Services | | 1 | | | | _ | 1 | 1 | <u> </u> | | | | | | | | | 1 | ļ | <u> </u> |
| Recovery | Drug/Alcohol Case Management | | | | | | _ | | | | | | | | | | | | | | |
| Services | Skill Development | | | | - | | _ | | | | | | | | | | | - | | | |
| | Day Treatment | | | | | | | | | | | | | | | | | | | | |
| | School/Home-Based Services | | | | | | | | | | | | | | | | | | | | |
| | Supported Living | | | | | | | | | | | | | | | | | | | | |
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| | Name of Your Organization: Page 2 of 2 | | | | | | | | | | | | us Are | | | | | | | |
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| EXAMPLE: | Inpatient Services | CP | N | | CP | | | | | | | | | | | | | | | |
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| | Psychiatric Assessment | | | | | | | | | | | | | | | | | | | |
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| Medical Services | Medical Co-Morbidity | | | | | | | | | | | | | | | | | | | • |
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| | Respite | | | | | | | | | | | | | | | | | | | |
| | Foster Home | | | | | | | | | | | | | | | | | | | |
| | Emergency Foster Care | | | | | | | | | | | | | | | | | | | |
| | Semi-Independent Living | | | | | | | | | | | | | | | | | | | |
| | Therapeutic/Specialized Foster Homes | | | | | | | | | | | | | | | | | | | |
| | Family Teaching Homes | | | | | | | | | | | | | | | | | | | |
| | Crisis Beds | | | | | | | | | | | | | | | | | | | |
| Residential | Board And Care Homes | | | | | | | | | | | | | | | | | | | |
| Services | Therapeutic Group Homes | | | | | | | | | | | | | | | | | | | |
| 00.11.000 | Staff Secure Crisis/Respite Group Homes | | | | | | | | | | | | | | | | | | | |
| | Residential Crisis Management | | | | | | | | | | | | | | | | | | | |
| | Specialized Drug/Alcohol | | | | | | | | | | | | | | | | | | | |
| | Evaluation/Treatment | | | | | | | | | | | | | | | | | | | |
| | Nursing Homes | | | | | | | | | | | | | | | | | | | |
| | Pioneers Homes | | | | | | | | | | | | | | | | | | | |
| | Specialized Vocational Rehabilitation | | | | | | | | | | | | | | | | | | | |
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| | Crisis Respite (Facility-Based) | | | | | | | | | | | | | | | | | | | |
| | Community Hospitals | | | | | | | | | | | | | | | | | | | |
| | Designated Evaluation and Treatment (DET) Beds | | | | | | | | | | | | | | | | | | | |
| Inpatient Services | , , | | | | | | | | | | | | | | | | | | | |
| | Geriatric Mental Health | | | | | | | | | | | | | | | | | | | |
| | Assessment/Treatment Facility | | | | | | | | | | | | | | | | | - | | |
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Title:

Your Name:



Alaska Native Tribal Health Consortium

Community Health Services 4141 Ambassador Drive, Suite 127 Anchorage, Alaska 99508

907-729-4499 **Fax** 907-729-4593

2004 NEEDS ASSESSMENT SURVEY FOR ALASKA COMMUNITY BEHAVIORAL HEALTH SERVICES

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| Title:Name of Organization: | |
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Survey Recipients

| | Program (State of Alaska | | |
|---|---|--|---------------------------------|
| Behavioral Health Provider | Classification) | Organization | Location |
| North Slope Borough Community Mental Health Center | Mental Health Rehabilitation and Treatment | North Slope Borough | Barrow |
| Arctic Slope Native Association (ASNA) | Mental Health Rehabilitation and Treatment | Arctic Slope Native Association (ASNA) | Barrow |
| Tanana Chiefs Conference - General Community Mental Health | Mental Health Rehabilitation and Treatment | Tanana Chiefs Conference, Inc. | Fairbanks |
| Fairbanks Native Association | Treatment/Residential | Fairbanks Native Association | Fairbanks |
| Fairbanks Mental Health Center | | T ambaning Hanto / leggeration | Fairbanks |
| Railbelt Mental Health | Mental Health Rehabilitation and Treatment | Railbelt Mental Health and Addictions | Nenana |
| | | Council of Athabascan Tribal Governments - Yukon Flats Health | |
| CATG and TCC for area | Designated BRU's | and Care Center | Fort Yukon |
| Mt. Sanford Tribal Health Consortium (MSTC) | Mental Health Rehabilitation and Treatment | Mt. Sanford Tribal Consortium | Chistochina Mentasta Lake |
| | Mental Health Rehabilitation and | Kuskokwim Native Association | |
| Kuskokwim Native Association | Treatment | Community Counseling Center | Aniak |
| Yukon-Kuskokwim Health Corporation | Mental Health Rehabilitation and Treatment | Yukon-Kuskokwim Health Corporation | Bethel |
| Native Village of Quinhagak | | Native Village of Quinhagak | Quinhagak |
| Norton Sound Health Corp- Community Mental Health Maniillag Association - General | Rural Human Services Mental Health Rehabilitation and | Norton Sound Behavioral Health Services | Nome |
| Community Mental Health | Treatment | Maniilaq Association | Kotzebue |
| Aleutian/Pribilof Islands Association (Irene Newton and Michelle Klaas) | Mental Health Rehabilitation and Treatment | APIA | Anchorage |
| Eastern Aleutian Tribes, Inc. (Leslie Bennett) | Mental Health Rehabilitation and Treatment | EAT | Anchorage |
| Southcentral Foundation (Gordon Hanes) | Mental Health Rehabilitation and Treatment | Southcentral Foundation | Anchorage |
| Cook Inlet Tribal Council (Shannon Sommer and Valerie Naquin) | Treatment/Residential | CITC | Anchorage |
| Tyonek Village (Maynard Eakan) Chugachmiut (Mark Nelles and | | Tyonek Village | Anchorage |
| Susan Labelle) Chitina Traditional Council (Jerry | | Chugachmiut | Anchorage |
| VanBenCoten) | | Chitina Traditional Council | Chitina |
| Copper River Native Association (Ed Krause) | Mental Health Rehabilitation and Treatment | Copper River Community Mental Health Center | Copper Center |
| Sound Alternatives (Cordova Community Hospital) (Camielle Call) | Mental Health Rehabilitation and Treatment | Sound Alternatives | Cordova |
| Eklutna Native Association (Violet Rice) | | Eklutna Native Association | Eklutna |
| Ilanka Health Center (Cindy Graham) | | Ilanka Health Center | Eyak |
| South Peninsula Mental Health Association (Kemper Breeding) | Mental Health Rehabilitation and Treatment | South Peninsula Behavioral Health Services, Inc. | Homer |
| Cook Inlet Counsel on Alcohol and Drug Abuse (Henry Novak) | | Cook Inlet Counsel on Alcohol and Drug Abuse | Homer |
| Central Peninsula Counseling Services (Ted Schiffman and Cindy Davis) | Mental Health Rehabilitation and Treatment | Central Peninsula Counseling Service | Kenai |
| Bristol Bay Area Health Corporation | Mental Health Rehabilitation and Treatment | Bristol Bay Area Health Corporation | Dillingham |



APPENDIX D

Survey Recipients

| | Program (State of Alaska | | |
|----|----------------------------------|----------------------------------|----------|
| er | Classification) | Organization | Location |
| 1 | Mental Health Rehabilitation and | Communities Organized for Health | |

| | i rogram (otato oi maona | | |
|---|--|--|------------|
| Behavioral Health Provider | Classification) | Organization | Location |
| Communities Organized for Health Options (COHO) | Mental Health Rehabilitation and Treatment | Communities Organized for Health Options | Craig |
| Gustavus Family Community Clinic | | Gustavus Family Community Clinic | Gustavus |
| Lynn Canal Counseling Services (Haines) | | Lynn Canal Counseling Services (Haines) | Haines |
| Hoonah Indian Association | Treatment/Outpatient | Hoonah Indian Association | Hoonah |
| City of Ketchikan/Gateway | Mental Health Rehabilitation and Treatment | Gateway Center for Human Services / City of Ketchikan | Ketchikan |
| Ketchikan Indian Corporation | Treatment/Outpatient | Ketchikan Indian Corporation | Ketchikan |
| Metlakatla Indian Community | | Metlakatla Indian Community | Metlakatla |
| Island Counseling Service | | | Sitka |
| SEARHC | Mental Health Rehabilitation and Treatment | SEARHC - Behavioral Health Services Division | Sitka |

APPENDIX E

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CONTINUUM OF CARE

APPENDIX F

| | LEVELS OF COMMUNITY* | | | | | | | | | | |
|---|----------------------|-----------------------------|-------------------------------|--------------|-------------------|--|--|--|--|--|--|
| Location of "Future" Regional Behavioral Health Authority | | | | | | | | | | | |
| Characteristics | Level I: | Level II: | Level III: | Level IV | Level V | | | | | | |
| | Frontier/Village | Sub-Regional Center or Town | Regional Center or Small City | Urban Center | Metropolitan Area | | | | | | |

| Government | Community or city council, Native Council, incorporated city or unincorporated community | Incorporated city, may have health powers and may provide health and social services | Incorporated city or unified municipality, may have health powers and may provide health and social services | Incorporated, home rule city or unified municipality; may have health powers and may provide health and social services | Incorporated, home rule city, or unified municipality; may have health powers and may provide health and social services |
|----------------------------------|--|--|---|---|--|
| Population | 25+ in immediate community | 500+ in immediate community; a sub- regional population of at least 1,500 | 2,000+ in immediate community, providing services to a regional population of at least 5,000 | 25,000+ in immediate community providing services to a larger regional or statewide population | 200,000+ in immediate community |
| Economy | Subsistence, government services (e.g. school) | A developing private sector, some government services; provides some service to surrounding areas | Regional trade and service center, mixed economy with multiple private and government employers | Major trade and service center, broad based multi-sector economy | Principal trade and service center; broad-based, multi-sector economy |
| Health and Social Services | Community Health Aide, paraprofessional and itinerant services | Health and social services may be provided by both the private and public sector, community clinic and mid-level provider or MD | Health care and social service agencies, including both private and government programs; community hospital and physicians | Multiple providers of health care and other services including both private and government programs; health care specialists; hospitals with full continuum of care | Level IV plus highly specialized medical and rehabilitation services; specialized hospitals and consulting services |
| Access | Usually, more than 60 minutes by year-round ground transportation from a Level II or III community,; limited air and/or marine highway access to Level II or III community | Usually less than 60 minutes by year- round ground transportation from a Level III community; marine highway or daily air access to closest Level III community; airline service to Level I communities in the area | Daily air service to closest Level IV or V community; airline service to Level I and II communities in the region; road or marine highway access all year | Daily airline service to Level II, III, IV, and V communities; road or marine highway access all year | Daily airline service to Level II- IV communities; road or marine highway access all year |
| Communities | Too numerous to list, includes Anvik, Eagle, Houston, Ruby, Hydaburg, Wales, Skagway, etc | Aniak, Craig, Delta Junction, Tok, Emmonak, Fort Yukon, Galena, Haines, Hoonah, Hooper Bay, King Cove, King Salmon/Naknek, Nenana, McGrath, Metlakatla, Mountain Village/St. Mary's, Sand Point, Togiak, Unalaska, Unalakleet, Glennallen/Copper Center | Barrow, Bethel, Dillingham, Homer, Kenai/Soldotna, Ketchikan, Kodiak, Kotzebue, Nome, Palmer/Wasilla, Sitka, Cordova, Petersburg, Wrangell, Valdez, Seward | Fairbanks, Juneau | Anchorage |

^{*} Levels of Community Care is a document created by the Alaska Mental Health Board (rev.8/93). It is located in the Report of the Behavioral Healthy Integration Stakeholder Committee, p. 18.

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CONTINUUM OF CARE

| | LEVELS OF COMMUNITY CARE | | | | | | | | | |
|--|---|---|---|---|---|--|--|--|--|--|
| | | | Location of "Fu | uture" Regional Behavioral Hea | alth Authority | | | | | |
| Characteristics | Level I: Frontier/Village | Level II: Sub-Regional Center or Town | Level III: Regional Center or Small City | Level IV Urban Center | Level V Metropolitan Area | | | | | |
| Community Based Services | | | | | | | | | | |
| I. Community Prevention / Education | I. Community Prevention/Education a. Advocacy/self-help b. Prevention/intervention c. Community education d. Peer/Consumer/Client Support Services (Note: ASAM Level 05: Early Intervention) | I. Community Prevention/Education Same as Previous Level | I. Community Prevention/Education Same as Previous Level | I. Community Prevention/Education Same as Previous Level | I. Community Prevention/Education Same as Previous Level | | | | | |
| II. Behavioral Health Services (a-g) a. Outreach | a. Outreach ® | a. Outreach | a. Outreach | a. Outreach | a. Outreach | | | | | |
| b. Emergency Services | | b. Emergency Services Same as Previous Level Telepi | b. Emergency Services Same as Previous Level Itinerant or honic Consultation | b. Emergency Services Same as Previous Level | b. Emergency Services Same as Previous Level | | | | | |
| c. Assessment | c. Assessment i. Screening ii. Evaluation/referral ii. | c. Assessment Same as Previous Level Itinerant or phonic Consultation Tele | c. Assessment Same as Previous Level Itinerant or phonic Consultation | c. Assessment Same as Previous Level | c. Assessment Same as Previous Level | | | | | |
| d. Outpatient (Clinic-Based) Services | d. Outpatient Services | d. Outpatient Services i. Face-to-face assessment/triage (SA;MH; TBI) ii. Treatment planning iii. Counseling (1:1; group) (Note: ASAM Level I: OP Treatment) Itinerant or nonic Consultation Telepi | d. Outpatient Services Same as Previous Level Itinerant or honic Consultation Teleph | d. Outpatient Services Same as Previous Level Itinerant or d. Outpatient Services Same as Previous Level | | | | | |

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CONTINUUM OF CARE

| LEVELS OF COMMUNITY CARE | | | | | | | | | |
|--|---|---|---|---|---|--|--|--|--|
| | | | Location of "Future" Regional Behavioral Health Authority | | | | | | |
| Characteristics | Level I: Frontier/Village | Level II: Sub-Regional Center or Town | Level III: Regional Center or Small City | Level IV Urban Center | Level V Metropolitan Area | | | | |
| e. Rehabilitation/ Recovery Services | e. Rehabilitation/Recovery Services i. Case management ii. Skill development Te | | | e. Rehabilitation/Recovery Services Same as Previous Level Itinerant or tonic Consultation | e. Rehabilitation/Recovery Service Same as Previous Level | | | | |
| f. Medical Services | f. Medical Services | f. Medical Services i. Psychiatric assessment ii. Pharmacological management iii. Medical co-morbidity Itinerant or monic Consultation | f. Medical Services Same as Previous Level Itinerant or nonic Consultation | f. Medical Services Same as Previous Level | f. Medical Services Same as Previous Level | | | | |
| g. Detoxification Services | g. Detoxification i. Social detox | g. Detoxification i. Social detox ii. Outpatient detox Itinerant or nonic Consultation | | g. Detoxification Same as Previous Level Itinerant or onic Consultation | g. Detoxification Same as Previous Level | | | | |
| III. Residential Services | Respite Foster home Emergency foster care Semi-independent living Therapeutic/specialized foster homes (possible) | Family teaching homes (possible) Crisis beds Board and care homes Therapeutic group homes (possible) Staff secure crisis/ respite group homes | Residential crisis management Specialized drug/alcohol Evaluation/treatment (Note: ASAM Level III: (Residential/Inpatient Treatment) | Nursing homes Pioneers Homes Specialized vocational rehabilitation (Note: ASAM Level IV: Medically Managed Intensive Inpatient Treatment) | See Level IV | | | | |
| IV. Inpatient Services | | Crisis Respite (facility-based) | Community Hospitals● | See Level III DET Beds | API Geriatric Mental Health Assessment/Treatment Facility Crisis Respite DET Beds | | | | |

| V. Clinical | | | |
|----------------|--|--|--|
| Clinical | | | |
| Consultation | | | |
| Medical | | | |
| Consultation | | | |
| Itinerant | | | |
| Dispatch | | | |
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| VI. | | | |
| Administrative | | | |
| Support | | | |
| Information | | | |
| Services | | | |
| Billing | | | |
| Utilization | | | |
| Review | | | |
| Human | | | |
| Resources | | | |
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Task Force Recommendations
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